	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 000}	Initial Comments		{D 000}			
	follow-up survey on	ensure Section conducted a 12/10/24-12/13/24 and with a telephone exit on				
D 067	10A NCAC 13F .03	05(h)(4) Physical Environment	D 067			
	(h) The requirement exits are: (4) In homes with a determined by a photo be disoriented or accessible by reside sounding device the opened. The sound that it can be heard of remote sounding control panel for the office of the adraccessible only to see the sounding control panel for the office of the adraccessible only to see the sounding control panel for the office of the adraccessible only to see the sounding control panel for the office of the adraccessible only to see the sounding control panel for the office of the adraccessible only to see the sounding control panel for the so	O5 Physical Environment of the for outside entrances and at least one resident who is sysician or is otherwise known a wanderer, each exit door ents shall be equipped with a set is activated when the door is dishall be of sufficient volume by staff. If a central system devices is provided, the existence system shall be located in ministrator or in a location staff authorized by the erate the control panel.				
	This Rule is not me TYPE B VIOLATION					
	reviews, the facility doors had a soundi throughout the facil opened which was	ons, interviews, and record failed to ensure three exit ng device that was audible ity when the doors were accessible to five residents 2) who were identified as				
	The findings are:					
		y's current license effective he facility was licensed for 34				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
							R	
		HAL073	3010	B. WING		12/	17/2024	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MAPLE I	HEIGHTS ASSISTED I	LIVING		IB LAKE RO O, NC 27573				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
D 067	Continued From pa	ige 1		D 067				
	beds.							
	Review of the facilirevealed there were assisted living facili	e 22 residents						
	Review of the facility agreement (undate -The facility was not -Although precaution ensure the resident facility, the possibility could wander withough	d) revealed:  of a locked-do-  ons had been  is did not wan  ity remained t	or facility. taken to help der from the					
	Observation on 12/ alarm sounded who facility through the	en the survey	team entered the					
	Observation of the on 12/11/24 at 3:44 -The exit door on the and no alarm sounder-No staff were in the At 3:46pm, a reside and out the south he sounded.	pm revealed: ne south hallw ded. e hallway. ent walked do	vay was opened					
	Observation on 12/ -The exit door on the and no alarm sound -No staff were in the	ne north hallw ded.						
	Observation of the revealed the front e and a personal carusing a key to turn the hallway.	entrance door e aide (PCA)	was alarming was observed					
	Interview on 12/16/ revealed:	24 at 1:12pm	with the PCA					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	D.   ` ′	IULTIPLE ILDING: _	E CONSTRUCTION		SURVEY PLETED
		HAL073010	B. WII	NG			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	ST	REET ADDRESS,	CITY, S	TATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	65 CHUB LA				
	TILIGITIO AGGIOTED I	R	OXBORO, NC	27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION	L PRE	D EFIX AG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 067	Continued From pa	ge 2	D 06	67			
	-She had never cut	the alarm off at the pan ng off" the alarm box, sh					
	12/12/24 at 8:16am	facility's front entrance of revealed the Administra and the door did not alar	ator				
	12/12/24 at 9:24am	facility's front entrance of revealed when the surv lity, the door did not alar	eyor				
	12/12/24 at 10:00ar	facility's front entrance on revealed that when the the door did not alarm.					
	12/12/24 at 2:08pm -At 2:08pm, a reside door and a second -The alarm at the centre the north and south seconds when the restaff did not respon not check any of the -At 2:10pm, a resident the smoking area of alarm did not sound -The door alarm on sound when a second	e north and south hallway and 2:10pm revealed: ent entered the north ha resident exited the same ontrol panel located between hallways sounded for 5 north hall door was opered to the control panel are three visible doors, ent exited the facility to on the south hallway; the distribution of the south hallway did not not resident opened the sillity from the smoking and	Ilway e door. veen 0 led; d did go to door ot door				
	4:25pm and 4:30pn -At 4:25pm, a residente outside porch; to seconds, and staffer exited or came inThe door had a se	e north hallway on 12/12/ n revealed: ent entered the facility fr he door alarmed for 15 did not check to see who lf-closing hinge, but it did and it did not latch; the	om o d not				

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DIVISION	of Health Service Re	egulation	1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<del></del>	COMP	LETED
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		HAL073010	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER	CTDEET AF	IDDESS CITY S	STATE, ZIP CODE		
NAIVIL OI I	-NOVIDEN ON SUFFEIEN		JB LAKE RO			
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 067	Continued From pa	ige 3	D 067			
	outside and staff did	ent opened the door to go d not come to the door; the 0 seconds and then stopped.				
	12/13/24 at 8:20am -At 8:20am a reside the door on the nor -The door alarm so	unded. to the door to check on the				
	9:05am revealed: -The Supervisor wa alarm panel in the horth and south hal-She was talking wiback to the north hal-The door alarm so to the panel while subttonThe door alarm stole-The Supervisor rer	ith someone, and she had her allway door. unded, and she stepped over till talking and pushed a red				
	9:40am revealed: -She was in the offite heard alarmingShe used a handhoalarm off.	Director on 12/13/24 at ce and the door alarm could eld electronic device to cut the the office to determine why the rming.				
	Observation of the on 12/14/24 at 11:0	exit door on the south hallway 1am revealed:				

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Division	of Health Service Re	<u>egulation</u>				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 12/1	₹ <b>7/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	I IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 067	by a resident and no-No staff were in the on 12/14/24 at 11:1  -The exit door on the by the surveyor and -No staff were in the -No staff opened the the door.  -At 11:16am, the sun on alarm sounded, hallway.  Interview with a PC revealed:  -The exit doors were -The alarm on the exit doors were -The alarm on the exit doors were -The alarm on the exit doors were -The staff of every few such off every few such of every few su	ne south hallway was opened to alarm sounded. e hallway.  exit door on the north hallway 4am revealed: ne north hallway was opened d no alarm sounded. e hallway. He exit door to see who exited curveyor reentered the facility, and no staff were in the care in the case of the south hall was a door alarm go off, she always are no one had gone outside. For was closed, the door alarm seconds. The seconds are propped open so it did not be rent the door alarm from seconds. The seconds were locked at night to smoke after after the doors were locked. It is always were locked. It is after the door cracked just in all at night to smoke after after the door cracked just	D 067	DETICIENCY		
	Interview with a res	sident who resided on the north 4:30pm revealed: orth hallway usually made a				

-The door did not "click" all the time and the alarm

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	,
		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO			
	0.0000000000000000000000000000000000000		O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 067	Continued From pa	ge 5	D 067			
D 067	on the door would ralready openAnyone could go of there were no restrict. At night the alarmatic sometimes the document of the residents could pussual arm so they could like the residents could pussual arm so they could like the residents could pussual arm so they could like the residents of the solution of the residents of	utside alone during the day; actions. would go off every 15 minutes. or alarm went off all night. In the control panel; the character and turn off the laget some sleep.  dication aide (MA) on revealed: were never cut off. south hallway exit door was anow long the door alarm had e "a couple of weeks." The north hallway was not shut m would not sound when the last not shut all the way, the land when the door was accepted at times to keep the ff. Ints needed supervision to go the door alarms was so the staff ts went outside. In see who went outside but	D 067			
	-The door alarms a opened the door.	lways went off when someone				

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DIVISION	of Fleatiff Service INC	ogulation	1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		1141 070040	B WING		F 40/4	
		HAL073010	1 2		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHL	JB LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED L	LIVING ROXBOR	O, NC 27573	3		
(V4) ID	SLIMMARV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)NI	(YE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
D 067	Continued From pa	age 6	D 067			
D 00.	·		2 00.			
		Supervisor on 12/16/24 at				
	11:42am revealed:					
	-Staff were always i					
		the door alarms, they looked at				
	the alarming door.					
	-She knew there we	ere times the south hall exit				
	door did not alarm.					
	-She was not aware	e there were times the north				
	hallway exit door die	d not alarm.				
	-She was aware there were times the front					
	entrance door did not alarm.					
	Interview with the D	Director on 12/16/24 at 3:11pm				
	revealed:					
	-All the doors had a	larms, and all the alarms were				
	working.					
	-She did not know t	he south hallway exit door				
	was not working.					
		m worked if the door was fully				
	closed.					
		completely closed, an alarm				
	would continue to g					
		ront door was not closed, it				
	affected other doors					
		umption staff had checked the				
		the remote to cut the alarm				
	off.					
		ned, she expected staff to				
		s to see who went out and if				
		esident, they were to do a				
	headcount.	an adam a dam atawa at 2				
		en when a door alarmed it was				
	going to be a hallwa	ay exit door.				
	۸ - طاء المانيين بينون المانيين	dministrator on 40/46/04 st				
		dministrator on 12/16/24 at				
	5:49pm revealed:	of any door slarms ==+				
		of any door alarms not				
	working.	ated on all exit doors 24/7				

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-If an alarm sounded, he expected staff to check

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPF IDENTIFICATION		1 ' '	E CONSTRUCTION		SURVEY PLETED
				71. 501251110.			R
		HAL073010		B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 067	Continued From parto see why the alarastaff had reported was not closed, the sound.  He was not aware hallway exit door was opened.  Telephone interview mental health proving the had heard door the hallways when the had heard door the hallways when the had heard door the hallways when the had be ideal to doors or a receptional through the door and the doors of the doors of the doors of the door and the door through the door through the door	m was sounding. sometimes if the fee alarm would conting the alarm on the seas not working. The alarm on the resound at times where we with the facility's ider (MHP) on 12/1 the front door of the response on the existence of the response	inuously couth forth hallway nen the door  contracted 2/24 at e facility had facility, but it doors on  former P) on o be he exit doors. ight. nt FL-2 colic ed. 12/12/24 at nt #8 exited ound. hallway on ealed: uilding	D 067			

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 12/1	₹ <b>7/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD		STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	IB LAKE RO O, NC 27573	<del></del>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 067	-The door alarm did Interview with Resid 11:17am revealed: -She went outside t -She went outside t -There were no staff residents were arouShe did not leave t  Telephone interview member on 12/16/2 -Resident #8 went o -She did not think Reporch.  Interview with a MA revealed Resident # eat and then an houhad eaten.  Interview with anoth 11:00am revealed: -Resident #8 would though she had just -Resident #8 went o back inside the faci -Sometimes staff w because another re #8's cigarettes.  Interview with the S 11:42am revealed: -Resident #8 went o -Resident #8 would -Resident #8 would	Inot sound.  Ident #8 on 12/12/24 at  Ino smoke. In o smoke. In o smoke today, 12/12/24. If on the porch, but other Ind. Ind. Ind. Ind. Ind. Ind. Ind. Ind.	D 067			
	Interview with the D	irector on 12/16/24 at 3:11pm				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					   F	3
		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	B LAKE RO. D, NC 27573			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
D 067	Continued From pa	ge 9	D 067			
	revealed Resident #8 would not leave the porch because she was scared of falling.					
	5:49pm revealed:	dministrator on 12/16/24 at				
	-He had never thou memory was.	ght about how Resident #8's				
	-Resident #8 went	outside to smoke on the porch.				
	-Resident #8 would not leave the porch unless someone was with her.  Telephone interview with Resident #8's PCP on 12/17/24 at 12:08pm revealed: -She saw Resident #8 on 09/03/24Resident #8 was forgetful.					
		ent #8 should be supervised				
	dated 11/06/23 reve					
	retardation, diabete hypertension.	d schizophrenia, mild es mellitus type 2, and				
	-Resident #3 was ir	ntermittently disoriented.				
		t #3's mental health provider Immary dated 12/02/24				
	-Resident #3 was a intellectual disability					
	and illogical.	ght process was disorganized ment and insight were				
	impaired.	G				
	-Resident #3 had a impairment.	moderate memory				
	12/13/24 at 2:39pm	north hallway exit door on revealed: d out of the exit door, onto the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		SURVEY PLETED
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	HAL073010	B. WING		12/	17/2024
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED	LIVING	JB LAKE RO. O, NC 27573			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
of the adjoining bu-Resident #3 went and started walking approximately 100-He stopped and s road for 2 minutes returned to the face.  Interview with Resident He liked to go outsident He had never wall He could go outsident He had not know across the parking 12/13/24.  Her concern was "like that" as his sate Interview with the Second He had never seporch unless some He had never seporch unless some He did walk off the staff would need to She would like to He would like to He would like to He sident He would not go to the road second He had not go	eps, and across the parking lot siness. out the end of the parking lot g up the side of the road feet. tood in place on the side of the, and then turned around and ility. ident #3 on 12/13/24 at 2:56pm side. ked away from the facility. de anytime he wanted to. edication aide (MA) on merevealed: never shown any confusion. to sit outside in the rocking n. Resident #3 had walked lot toward the road on why Resident #3 walked off afety was important. Supervisor on 12/16/24 at en Resident #3 walk off the eone was walking with him. he porch and go to the road, of keep an eye on him. know what triggered Resident oad. d need to be watched so he did again. Director on 12/16/24 at 3:11pm	D 067			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			, 20.22		   F	₹
		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	B LAKE RO. D, NC 27573			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
D 067	Continued From pa	ge 11	D 067			
	-Resident #3 did not-Resident #3 was ut roomIf Resident #3 wern member know whe -On Friday, 12/13/2 mad because he with was why he left the -She was concerned north hall exit door that end of the facilif she went and tal walking to the road not do it again.	ot need to be supervised. sually in his room or the living of the outside he let a staff or he was.  14, she knew Resident #3 was anted a drink and maybe that facility.  15 d Resident #3 went out the as he usually did not go out ity.  16 ked to Resident #3 about the would tell her he would				
	Telephone interview with Resident #3's mental health provider (MHP) on 12/12/24 at 11:59am revealed: -Resident #3 had schizophrenia and a developmental disability and she was not comfortable with him going outside without staff knowing the resident's whereaboutsShe would worry about Resident #3 not being supervised outside the facility because he might hear or see things that were not there.					
	5:49pm revealed: -He did not think ResupervisionResident #3 was nulf Resident #3 left was out of the ordinal need to be watched. Telephone interview	ot going to leave the property. the property on 12/13/24, it nary, and the resident would				
	-She saw Resident -Resident #3 had s	#3 on 09/03/24. chizophrenia, was confused,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					F	
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	IB LAKE RO. O, NC 27573			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
D 067	Continued From pa	ge 12	D 067			
	and only oriented to personShe thought Resident #3 should be supervised when he went outside of the facility.					
	07/07/24 revealed:	ntly disoriented.				
	Review of Resident #7's care plan dated 02/21/24 revealed: -Resident #7 was sometimes disorientedResident #7 was forgetful and needed reminders.					
		dication aide (MA) on revealed Resident #7 forgot of it sometimes."				
	Interview with another MA on 12/16/24 at 11:00am revealed: -Some days Resident #7, "may seem off and some days she was okay." -Resident #7 had never walked offResident #7 knew when to come back.					
	11:42am revealed F	upervisor on 12/16/24 at Resident #7 needed to be ne went outside because the to fall.				
	(MHP) after-visit su revealed: -Resident #7 was a chronic psychotic d -Resident #7's thou	#7's mental health provider mmary dated 12/02/24 n unreliable historian due to isorder. ght process was illogical. ment and insight were				

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	Of Fleath Service IN		1		T	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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		HAL073010	B. WING			` 7/2024
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	JB LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED I	LIVING	O, NC 27573	3		
(V4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX	_	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
D 067	Continued From pa	ngo 13	D 067			
D 001	Continued i Tom pa	ige 13	D 007			
	impaired.					
	-Resident #7 had a	moderate cognitive decline.				
		_				
	Telephone interviev	v with Resident #7's former				
		er (PCP) on 12/11/24 at				
	4:31pm revealed:	,				
	-She last saw Resid	dent #7 on 09/03/24.				
	-Resident #7 was o	riented to person only, was				
	forgetful, and lacke					
	Interview with the D	Director on 12/16/24 at 3:11pm				
	revealed:	·				
	-Resident #7's men	nory was not reliable.				
		was not oriented she was not				
	safe and needed to	be supervised.				
		be when the resident had a				
		on (UTI), the resident was				
	disoriented.	<i>"</i>				
		y only went outside if other				
		ng outside to smoke.				
		vhen Resident #7 went outside				
		door was opened the alarm				
	went off.	'				
		esidents would holler out,				
	"Resident #7 was g	·				
	3	, <b>g</b>				
	Interview with the A	dministrator on 12/16/24 at				
	5:49pm revealed:					
		nory depended on the day.				
		ent #7 seemed better than				
		netimes within the same day,				
	the resident change					
		follow other residents out the				
	door to ask for a cig					
		need supervision depending				
	on what day it was.					
	on what day it was.					
	Based on observati	ions, record reviews, and				
		etermined Resident #7 was not				
	interviewable.					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		<b>I</b>	R <b>17/2024</b>
	PROVIDER OR SUPPLIER HEIGHTS ASSISTED I	IVING 2065 C	ADDRESS, CITY, S HUB LAKE ROA DRO, NC 27573	AD.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 067	O7/27/24 revealed: -Diagnosis included: -He was intermitten: -He was admitted O Review of Resident O6/28/24 revealed inceeded reminders.  Review of Resident (MHP) after-visit surevealed: -Resident #10 was cognitive impairmentResident #10's insimpairedResident #10's me impairment.  Interview with Resident: -When the weather outside on the porceite usually stayedHe usually stayedHe seldom went we interview with a me 12/13/24 at 9:04am dementia and did negative.	ent #10's current FL-2 dated dementia. Itly disoriented. Itly 10's care plan dated Itly 10's mental health provide ammary dated 12/02/24 I				
	11:00am revealed: -She did not know a marked on Resider -He was confused on but he was fine now	when his room was changed v. nd talked to other residents.				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
							R
		HAL073	010	B. WING		12/	17/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC <sup>*</sup> REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 067	7 Continued From page 15		D 067				
	-He knew to come	back inside the	e facility.				
	Interview with the S 11:42am revealed: -Resident #10 knew -Resident #10 wender -Resident #10 did resident #1	w where his roo t outside. not need to be Resident #10 c	om was. supervised. outside the front				
	Telephone interview primary care provid 4:31pm revealed: -She last saw Resident #10 had -When she saw Reoriented x 2Resident #10 wou exiting the facility.	ler (PCP) on 1 dent #10 on 09 dementia and ssident #10, he	2/11/24 at 9/03/24. anxiety. was alert and				
	Telephone interview with Resident #10's mental health provider (MHP) on 12/12/24 at 11:59am revealed Resident #10 needed to be supervised if he went outside the facility, because he might get confused and not find his way back.						
	Interview with the E revealed: -Resident #10 remethought his family ractually 30When Resident #1 staff put orange pawould know which -She had received instances where he-She was in the offout the window and of the facility's drive	embered "way nember was fo lo's room was per on the doo room was his. reports that Re went to his ol ice on 12/13/24 I saw Resident	back" like he our and he was changed the r so the resident esident #10 had d room at night.				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 16 of 308

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			R
		HAL073010	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING	UB LAKE RO RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 067	looked back, she d staff saw him comirule and the read in the read	ad for a second and when she id not see the resident, but the ng back up by the facility. It is not going to the road; he was k.  Administrator on 12/16/24 at dof" knew what was going on. It is good." It is not good." It is good. It i		DELIGITIENCE!)		
	11:42am revealed: -Staff watched Res	Supervisor on 12/16/24 at sident #12 when he went sident only went to the porch.				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 17 of 308

DIVISION	of Health Service Re	guiation			_	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI	. I`´	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING	A. BUILDING:		
		HAL073010	B. WING		R <b>12/17/2024</b>	
NAME OF I		CTD	EET ADDRESS, CITY,	STATE ZID CODE	•	
NAME OF I	PROVIDER OR SUPPLIER		· · · · ·	•		
MAPLE I	HEIGHTS ASSISTED L	IVING	55 CHUB LAKE RO			
			XBORO, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLET	
D 067	Continued From page 17		D 067			
	like he might fall.	ident #12 because he loo cerned if Resident #12 we cause he could fall.				
	Review of Resident #12's mental health provider (MHP) after-visit summary dated 12/02/24 revealed: -Resident #12 was an unreliable historian due to cognitive impairmentResident #12's judgment and insight were					
			ie to			
	impairedResident #12 had a impairment.	a moderate memory				
	Telephone interview with Resident #12's MHP on 12/12/24 at 11:59am revealed: -Resident #12 had moderate dementiaShe would not feel comfortable with Resident #12 going outside without supervision.					
	on 12/16/24 at 10:2 -Resident #12 did n -The resident usual questions and wher					
	state "I am fine." -Resident #12 did n wandering. -If Resident #12 we	ot have a history of ent outside, he stayed on	the			
	grounds of the facili- lt would be ideal if					
	revealed: -Resident #12 did n -If Resident #12 we	pirector on 12/16/24 at 3:1 not do much talking. ent outside staff went with e was at risk of falling.				

Division of Health Service Regulation STATE FORM

	of Fleatiff Service IN					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL073010	B. WING			7/2024
NIANE SE	200 //DED 22 2::22::=		DDE62 6:7::	OTATE ZID CODE	<u> </u>	
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	JB LAKE RO			
		ROXBOR	O, NC 27573	3		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAG	TREGOE TOTAL		IAG	DEFICIENCY)	10,012	
	0 " 1-		D 007			
D 067	7 Continued From page 18		D 067			
	Telephone interview	wwith Resident #12's primary				
	care provider (PCP	) on 12/17/24 at 12:08pm				
	revealed:					
	-She saw Resident	#12 on 09/03/24.				
	-She was not able t	to assess the resident's				
	cognitive status due					
		medication used to treat				
	dementia.					
	-She thought Resident #12 should be supervised					
	when he went outside of the facility.					
		dunimintonton ou 40/46/04 at				
		dministrator on 12/16/24 at				
	5:49pm revealed:	d as sutside without				
	supervision.	d go outside without				
		not going to go far from the				
	facility.	not going to go fai from the				
		nything about Resident #12's				
	orientation or memo					
		o.y.				
	Based on observati	ions, record reviews, and				
	interviews it was de	etermined Resident #12 was				
	not interviewable.					
	The facility failed to	ensure three exit doors were				
		ding devices that were				
		led when the doors were				
		5 residents who were				
		ng disoriented, having access				
		d possibly eloping, including				
		as observed exiting the facility				
		rom the facility's grounds				
		nowledge. The facility's failure				
		the health, safety, and welfare				
		d constitutes a Type B				
	Violation.					
	The facility provides	d a plan of protection in				
		S. 131D-34 on 12/17/24.				

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL073010	B. WING		F 42/4	R 7/2024
		HAL073010			12/1	112024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 067	Continued From pa	ge 19	D 067			
		N DATE FOR THE TYPE B . NOT EXCEED JANUARY 31,				
{D 074}	10A NCAC 13F .03 Furnishings	06(a)(1) Housekeeping And	{D 074}			
	Furnishings (a) Adult care home (1) have walls, ceili	06 Housekeeping And es shall: ings, and floors or floor n and in good repair;				
	reviews, the facility doors, baseboards, sills were kept clear	et as evidenced by: ons, interviews, and record failed to ensure the floors, window blinds and window and in good repair in the lent rooms S2, S3, S4, S5, S7,				
	The findings are:					
	revealed: -The list was not da -There was a list of duties that included handrails in the hall night stands and cle windowsillsHousekeeping duti	y's housekeeping staff duties  ted. monthly housekeeping staff , wiping clean baseboards and s, moving beds, dressers and eaning behind, and wiping out  es done on a daily basis t mopped, floors mopped,				

Division of Health Service Regulation

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					   F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPI F HEIGHTS ASSISTED I IVING			B LAKE RO			
			O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
{D 074}	Continued From page 20		{D 074}			
	furniture in room to be dusted, and all furniture in the resident's rooms were to be cleaned under.					
	Review of the hous revealed:	ekeeping checklist/log				
	-There was no date been signed off as	and it was blank; nothing had				
	-Windowsills were t	o be wiped off weekly and				
	monthly. -Baseboards were	to be wiped down, all furniture				
	was to be moved and cleaned under in each					
		d all furniture in the [resident] usted; there was no frequency				
	listed for any of the					
	12/10/24 at various 4:50pm revealed:	facility's South hallway on times between 8:10am to				
	<ul> <li>The floor had debrand near doorways</li> </ul>	is and loose dirt in the corners .				
		ish-brown substance on the common bathroom on the left				
		there were foot prints where ed the substance down the				
	-There were multipl debris stuck to ther					
		s, small pieces of paper, a nd a cigarette butt on the floor the hallway.				
		eside resident room S2 with a				
		dried splatter of brownish				
	-There was no staff	with a cleaning cart, a mop or				
		ident rooms or hallways. ff who replaced toilet paper				
	and paper towels in					
	Observation of the	facility on 12/11/24 at 8:40am				

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
							R
		HAL073010	)	B. WING		12/	17/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	_IVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEI  MUST BE PRECEDEI  CONTROL  METERS  METERS	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
{D 074}	Continued From pa	ge 21		{D 074}			
	revealed there was hall with a mop car rooms.						
	Observation of the revealed the Super housekeeping cart and the hallway.	visor was pushin	g a				
	Observation of resi 8:12am revealed: -There was a large around the door kn the door; and a bro doorThere was a large jamb next to the lig on the plate cover f -There was a thick a large amount of b baseboardsThere was chipped the drywall in the w	area with a brow ob on the outside wn smear on the brownish area or ht switch and a b for the light switch grayish black lay lack spot accum	nish build-up and inside of inside of the name the door rown build-up name of dust and ulation on the ed holes in				
	Interview with a res on 12/10/24 at 8:12 -The door to his roo be cleaned. -The housekeeping and did not clean a	am revealed: om was very dirty staff only moppe	and need to				
	Observation of resi 8:25am revealed: -There was flooring up on the edges of one of the beds. -There were multip individual strips of t several large spots started to dry.	that had lifted ar the pieces of floo e chips in the co he flooring and th	nd was curling oring beside rners of the nere were				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER	IVING 2065	T ADDRESS, CITY, S CHUB LAKE RO BORO, NC 2757	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 074}	Continued From pa	ge 22	{D 074}			
	on 12/10/24 at 8:25 his room twice a we mopped the middle sweep under or behave Interview with the sroom S4 on 12/10/2-Staff did not regulate. He thought his room two months ago.  His room was mop	econd resident who resided 24 at 4:50pm revealed: arly dust his room. m could be cleaner. is room was last dusted about only twice a week. complain about the	l in			
	8:35am revealed: -There were four setThere was a thick -There was one set where someone had the length of the blinder sections where clumps where dustThere were black in headboard and best bed.  Interview with the two room S5 on 12/10/2-Staff did not cleanThe last housekee agoThey noticed the disaeboards and the	marks on the wall above the ide the one of the residents wo residents who resided in 24 at 4:55pm revealed: their room. per had quit about a month ust in the room, the dirty e dirty walls. lain to anyone because the	n. rn Here			

Division of Health Service Regulation STATE FORM

ORM 6899 W91Y12 If continuation sheet 23 of 308

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	·		_
		HAL073010	B. WING		•	⋜ I <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREE	TADDRESS, CITY,	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	LIVING	CHUB LAKE RO ORO, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 074}	Continued From pa	age 23	{D 074}			
	8:39am revealed: -There were dried be material on the floor-There were large a	ident room S7 on 12/10/24 a blackish-brown smears or between two beds. areas of multiple black spots and the baseboards in the				
	S7 on 12/10/24 at 8 -He had diarrhea a bowel movement o -He tried to clean it but he could not "so -The staff did not che wiped it upHe had to complai floor; "you could se -A staff came into he towels on the floor; -The floor still need scrubbed today; 12 -Staff only cleaned they did was sweepHe pointed to the how bad they are" "I should not have Observation of resi 8:32am revealed: -There were multip dust stuck to them -There was a layer windowsill.	day or so ago and he had a on the floor. If up himself with paper tower crub the floor. It up himself with paper tower crub the floor. It up himself with paper tower crub the floor. It up himself with paper tower to the staff about his dirty see the [expletive] on the floor nis room and used more paper not a mop. It does not a mop. It does not a mop. It is room twice a week and to and mop. It is room twice a week and to and mop. It is a week and to and mop. It is a week and to and mop. It is a week and it is a	s, fter ". er all t			
	9:00am revealed:	ident room NC on 12/11/24 and le dust balls on the floor und				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 24 of 308

		(X1) PROVIDER/SU IDENTIFICATIO		l ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL07301	<b>)</b>	B. WING			R 1 <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER	11111201001		DRESS, CITY, S	STATE, ZIP CODE	1 12/	772024
MAPLE	HEIGHTS ASSISTED	LIVING		JB LAKE RO			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIE Y MUST BE PRECEDE SC IDENTIFYING INFO	NCIES D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
{D 074}	Continued From pathe beds.  -There was a large the corners of the reservation of resignors and the inside of the room the inside of the room observation of resignors at hick baseboards.  -There was a thick baseboards.  -There was debristroom.  -There were multipe floor.  Interview with a reserve aled:  -His room was cleated the facility did not hear the result of the facility did not hear the result of the facility did not hear the result of the facility did not hear the facility d	amount of debrisoom. smears on the dom. dent room NE or layer of dust on the dom. le dried liquid spinition of the diadent on 12/11/24 and a regular hord about his room and resident on 12 facility was not a to live. It is condition of this go and the walls, anally swept and resident 12/11/24 and resident 12	n 12/11/24 at the mers of the lls on the lis on the decause usekeeper. In being dirty ousekeeper. It hey only 2/11/24 at good place building, it is just not a mopped the emptied the list at good else where the list at good place a building, it is just not a mopped the list at good else list at good else list at good place a building, it is just not a mopped the list at good else list at	{D 074}			

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 25 of 308

Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		PLE CONSTRUCTION G:		SURVEY PLETED
		HAL073010	B. WING _			R <b>17/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STI	REET ADDRESS, CITY	', STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	I IVING	65 CHUB LAKE R DXBORO, NC 275	OAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 074}	-The staff would motimes a week.  Telephone interview member on 12/16/2 -She had noticed so floor that needed to -She asked a staff in the staff member so would not come up -She took the mop and it came right up -The staff did not motion in the staff did	op his room for him about which a resident's family 24 at 10:35am revealed: omething on the resident obe cleaned.  member to mop the floor aid, "that whatever it was "herself and cleaned the for" nop and clean as they shousekeeper on 12/11/24 was her first day. The facility when she was three years ago, so she was three years ago, so she	t's r, and floor, ould. at			
	remembered what see she was scheduled. Mondays and Thurston help out.  She cleaned the beand floors today, 12 she would sweep and empty their trase. She would deep clean baseboard and sanitized the handred sanitized the handred she swept and more sanitized the handred she did not know in scheduled on the description.	d to work two days a wee sdays; she was working the athrooms, toilets, tubs, so 2/11/24. and mop the resident rooms sh. lean two resident rooms	ek on today inks, oms a day d and			

Interview with a personal care aide (PCA) on Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	I \ /	(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MADLE	HEICHTS ASSISTED I	17/NC 2065 CH	UB LAKE ROA	<b>ND</b>		
WAPLE	HEIGHTS ASSISTED L	ROXBO	RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 074}	Continued From pa	ge 26	{D 074}			
{D 074}	12/13/24 a 9:25am -There was not a hodayThe housekeeper was a weekThere was only on second one quit about the rewas not a houneeded to be done accident.  Interviews with the second and 9:35am -She was told she was told she was told she work that morning, -They all helped who one day this week a housekeeperShe would clean the mop resident rooms -She had a cleaning everything she did coll the was located on the could not find itShe thought the hoday before took the somewhere elseShe looked in the resonance of the somewhere eitherThe other housekeep a schedule he work many days a week	revealed: busekeeper at the facility ever was only there two to three e housekeeper since the out three weeks ago. tasks were not done when usekeeper unless something like a spill or resident  Supervisor on 12/12/24 at n revealed: was the housekeeper today keeper did not show up for 12/12/24. en it was needed; she worked and two days last week as the me bathrooms and sweep and as and the hallway. It is glog she used to check off during the day. The housekeeping cart, but she cousekeeper who worked the log home with him or placed in medication room for the book but did not find the log teeper did not have set days or led; she was not sure how	t			
	revealed: -The last housekee	per quit over a month ago.  o housekeepers because one				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 12/1	R 7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADLE	IFICUTE ACCIETED I	2065 CHU	B LAKE RO			
WAPLE	HEIGHTS ASSISTED L	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 074}	Continued From pa	ge 27	{D 074}			
{D 074}	had started to work -The other houseke 12/10/24 and would housekeeper was n -There would alway a day for a full seve -There was a clean housekeepers to fo monthly cleaningThe bathrooms we -The resident room daily; including und -The blinds and bas monthThe housekeeper of each day to get it al -The housekeepers wanted to clean we -The last time they beginning of Noven -The hallways and of dailyThe hallways were hallway was moppe -The walls and door the housekeeper de to be done or when -She had tried to cle S3 sometime in Oc get it cleanThe inside of the re schedule to be clea -The dusting was de the windowsillsShe did not have a randomly inspect so	today, 12/10/24. eeper worked the day before, I work on the days the new not working. Is be at least one housekeeper enday coverage. Ing schedule for the Illow; it had daily, weekly, and ere cleaned daily. Is were swept and mopped er the beds. Is eboards were cleaned once a did a certain number of rooms Ill done. Is decided what rooms they ekly and monthly. If were cleaned was the ober 2024. Interpretation of the entire ender entire ender entire	{D 074}			
	-The last time they beginning of Novem -The hallways and edailyThe hallways were hallway was mopped. The walls and door the housekeeper details to be done or when -She had tried to cless sometime in Octoget it cleanThe inside of the reschedule to be cleanThe dusting was detained the windowsillsShe did not have a randomly inspect so when she would was step inside a roomShe did not have a	were cleaned was the other 2024. The entry ways were not mopped and the entire of every other day. The same cleaned when needed; the entire of every other day. The same cleaned when needed; the entire of every other day. The same cleaned when needed; the entire of the door to resident room tober 2024, but she could not every other entire of the entir				

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STATE FORM 6899 W91Y12 If continuation sheet 28 of 308

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010		B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MADIE	HEIGHTS ASSISTED L	IVING	2065 CHU	JB LAKE RO	AD		
WAPLE	HEIGHTS ASSISTED I	IVING	ROXBOR	O, NC 27573	}		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENC MUST BE PRECEDED B SC IDENTIFYING INFORN	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 074}	Continued From pa	ge 28		{D 074}			
	to be cleanedShe had inspected were done in Nover-She thought the homopped the day be usually did it every	the resident rooms mber 2024 and they busekeeper had sw fore, 12/10/24, bec day.	/ were fine. ept and ause he	,			
	Interview with the Drevealed: -There were two ho to five days a week Thursdays and Frid housekeeper filled in the housekeeping white book on the country of the Supervisor was because the schedushow up for workShe could not find housekeeping log be housekeeper put the quit 3 to 4 weeks as	ousekeepers; one woon Mondays, Tues lays and the other in on his days off, cleaning logs were leaning cart. It is working as the housekeeper of the current cleaning look; she thought the mook; one where be	orked four days,  ke kept in a pusekeeper did not g log or the ne previous				
	Interview with the A 8:25am revealed: -There were two ho seven-day schedule -The housekeeper shallways everyday a -The residents' roor daily including under and spot mopped a -Dusting could be sor at least monthlyDusting included the including baseboard -He did not know ho doneDeep cleaning included wall and cleaning by	susekeepers to cove e unless one called swept and mopped and spot mopped a ms were swept and er beds and around s needed. ubjective and done ne windowsill, all su ds, and the window ow often deep clear	er the off. the s needed. mopped furniture as needed rfaces blinds. ning was				

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STATE FORM 6899 W91Y12 If continuation sheet 29 of 308

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		HAL073010	D. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE H	IEIGHTS ASSISTED L	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 074}	Continued From pa	ge 29	{D 074}			
	neededThe housekeepers should be checking -The housekeepers cartThe Director was r	, and walls were cleaned as had a list they followed and off as they completed task. kept the list on the cleaning esponsible for reviewing the every day to make sure e.				
{D 079}	10A NCAC 13F .0306(a)(5) Housekeeping and Furnishings  10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; This Rule shall apply to new and existing facilities.		{D 079}			
	reviews, the facility orderly environmen hazards related to to bedbugs, unsecure room, and clutter in The findings are:  1. Observation of research and the findings are:	ons, interviews, and record failed to provide a clean and t free from obstructions and he presence of live mice, live d oxygen tanks in a resident's multiple residents' rooms.				
	at 8:10am revealed on the window sills.	there were rodent droppings				

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STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				<del></del>	F	
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	IB LAKE RO			
(V4) ID	SLIMMA DV STA	TEMENT OF DEFICIENCIES	O, NC 27573	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 079}	Continued From pa	ge 30	{D 079}			
	Observation of resident room S6 on 12/11/24 at 8:10am revealed there were rodent droppings on the floor in front of the closet.					
	9:00am revealed: -There was a pile of to a large plastic bathere was a small next to a clothes hate. There was a large stored in it setting of there were rodent of the total and the to	f finely shredded tissues next ag in front of a closet. pile of birdseed on the floor amper. gift bag with various items on the floor next to the closet; droppings around the bag. hole chewed in the corner of were rodent droppings inside				
	2:53pm and 3:07pm -Two surveyors alon present in the room -A mouse entered t closed door, scurrie shoe, and then ran -At 3:07 PM, the mo	ng with a staff member were				
	revealed: -He had seen roder -He saw a rodent ir -He saw a mouse r room today, 12/10/2	his room last night, 12/09/24. un under the dresser in his				
	8:59am revealed: -He had seen mice -He saw a mouse la corner by the wardr	ast night, 12/09/24, in the				

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	IT OF DEFICIENCIES		(VO) MI II TIDI	E CONCERNICATION	(V2) DATE	CLIDVEV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
					F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
10.000	TO VIBER OR GOLF EIER		IB LAKE RO			
MAPLE H	HEIGHTS ASSISTED L	IVING	O, NC 27573			
040.15	CUMMADY CTA				NI.	0(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
{D 079}	Continued From pa	ge 31	{D 079}			
(= 0.0)	Communa Trom pa	9001	(= 3.3)			
		d resident on 12/10/24 at				
	9:10am revealed:	antin his vacus				
	-He had seen a rod	ent in his room. ent under his roommate's bed				
	and in the trash car					
		ot take it" and became visibly				
		tinued to talk about the				
	rodents.					
	Interview with a fou	rth resident 12/11/24 at				
	8:54am revealed:					
		w mice in the hallway.				
	-He had not seen m	nice in his room.				
		resident 12/11/24 at 9:09am				
	revealed:					
	the time.	room and in the hallway all				
		lice come in under his room				
	door.	nice come in under his room				
		n his bed that morning; he				
		it was in bed with me".				
		se off his bed with the back of				
	his hand.					
	-He told the staff ab	out seeing mice all the time.				
	-They always told h	im they were working on it.				
		with the area manager from				
		ntrol company on 12/12/24 at				
	11:05am revealed:	facility once a month				
		facility once a month. chnician checked in with the				
		facility when they visited.				
		e an the outside for rodent				
	control.	a and dataled for rodont				
		ally diligent this time of year				
		e inside to escape the weather				
		as the temperatures not				

colder.

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 32 of 308

DIVISION	of Health Service Re	guiation				
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	. ∣
		HAL073010	B. WING			` 7/2024
	200 (1050 00 01 100 150	OTDEET AD	DDEGG OIT)	2747F 7ID 00DF		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	JB LAKE RO			
		ROXBOR	O, NC 27573	3		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE
				DEFICIENCY)		
{D 079}	Continued From pa	go 32	{D 079}			
(B 019)			(0.019)			
		ive control by placing baits far				
		ty to draw rodents away.				
	-The technician wor					
	recommendations v	when they were at the facility.				
	Talambana intensias					
		with the technician from the pest control company on				
	12/13/24 at 9:10am					
		cility once a month for rodents.				
		for an additional treatment he				
	would go out.					
		e the mice away from the				
	facility and he chan					
	-He did not spray fo					
	-He placed sticky tr	aps in the residents' rooms				
	where there were re					
		les and filled openings with				
	steel wool to prever					
		had gotten better; because he				
	had less reports of					
		or sweeps under the exterior				
		sed the facility to do it				
	themselves.	the Director today, 12/13/24,				
		as going to put them under				
	the doors.	as going to put them under				
		pest control company was to				
		om entering the facility by				
	exclusion.					
		wwith the sanitarian from the				
		of Environmental Health on				
	12/12/24 at 2:00pm					
		cted the facility on 09/20/24.				
		the residents' rooms as part				
	of her inspection.	and additional of the foots to the				
		any evidence of rodents in the				
	main part of the fac	ility or the common areas.				
	Interview with a per	sonal care aide (PCA) on				

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	or riealth Service IN		1		T	. 1
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND I LAIN	O. JOHNLOHON	BENTH IOM NOWBER.	A. BUILDING:			'
					F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AF	INRESS CITY S	STATE, ZIP CODE		
NAME OF I	NOVIDEN ON GOLF EIEN		JB LAKE RO			
MAPLE H	HEIGHTS ASSISTED L	IVING	_			
			O, NC 27573			
(X4) ID		TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
		,		DEFICIENCY)		
{D 079}	Continued From pa	23	{D 079}			
לם מו	Continued From page 33		(6.00 व)			
	12/13/24 a 9:25am					
		mice in residents' rooms.				
		he saw a mouse in his room				
	the other night.					
		or and she said she would put				
	a sticky pad in his r					
		ne common living area every				
	night she worked.	them when she saw them.				
		seeing the mice to the Director				
	the last time she wo	•				
		hey had put bait outside the				
	facility.	riey riad put bait odiside trie				
	racility.					
	Interview with a me	dication aide (MA) on				
	12/12/24 at 2:45pm					
		any live mice and she had not				
		ngs in any residents' rooms.				
		ed seeing live mice to her.				
		Director on 12/11/24 at 3:08pm				
	revealed:					
		ompany had placed mouse				
		y traps inside, plugged outside				
	•	ething under the doors to keep				
	the mice out.	ecause no one had soon a				
		ecause no one had seen a				
		ad done everything. I the residents if they had seen				
		f she asked someone would				
		ney would get all worked up.				
		any droppings or other				
	evidence of mice in					
		evidence of mice when she				
	went into a resident					
		s supposed to report to her if				
	they saw any mice					
		ff on third shift if they had seen				
		they were seeing them on third				
	shift.	-				

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Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		12/1	₹ <b>7/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	I IVING	UB LAKE ROA RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 079}	Interview with the A 8:25am revealed:  -The facility had a county and the had not seen and the time of the year and the facility where the inside.  -He had not seen end arooms, but he would because the reside county and the facility where the facility where the second seen end to see the reside county and the first bed on the second bed on sheets, pillows, blarent the mattress cover and the headboard and of the headboard and the wall beside the seen and the headboard and of the headboard and of the headboard and of the headboard and t	a mouse sighting was the ek of November 2024.  Administrator on 12/12/24 at current pest control company. In pest control report. In the facility in the past. Ity might have mice because of a they came in for warmth. It space and a basement under the mice gained access to the exidence of mice activity in the lad not be surprised if there was ents kept snacks in their rooms of the resident room. It is eleft had a mattress cover it.  In the right was made with the right was made with nakets and a bedspread. It is not the right was made with nakets and a bedspread. It is not the unoccupied bed. In the unoccupied bed and debris on the floor around small black spots on the posts and the mattress cover of the was a live bedbug crawling or was a live be				
	S8 on 12/12/24 at 1	esident who resided in room 10:10am revealed: a roommate and did not use				

the spare bed in her room.

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DIVISION	of Health Service Re	eguiation	_			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
		HAL073010	B. WING		12/1	? 7/2024
NAME OF	PROVIDER OR SUPPLIER	QTDEET A	DDESS CITY S	STATE, ZIP CODE		
INAIVIL OI	FROVIDER OR SUFFLIER		UB LAKE RO	,		
MAPLE	HEIGHTS ASSISTED L	IVING	RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 079}	Continued From pa	ge 35	{D 079}			
	-She did not have beshe had not seen a before today, 12/12 -The staff changed she had bedbugs to move to another room and sprayed fear them the last timeShe never saw the them the last timeShe never had itch bedbugsNothing woke her while she slept.  Interview with a reservealed: -There was someth itchIt was some kind of the best of the best of the best of the servealed: -The last dates of serve alout did not spray or there was a request technician saw the the last time they was in March 2024 Telephone interview.	pedbugs in her bed. any bedbugs in the room t/24. her bed linens once a week. one time before and she had room while they cleaned her for them. em, but the staff had found hing nor had she been bitten by up in the middle of the night  ident on 12/10/24 at 8:44am hing in his bed that made him of black bug in his bed. hat the bugs were, but the habit on the high one of the high of the high of the high one of the high				
	-Bedbug treatment	was a separate from the				

-The facility would notify them of bedbugs, and
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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. DOILDING.		   F	,
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPIFI	HEIGHTS ASSISTED I	IVING	B LAKE RO			
		ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 079}	Continued From page 36		{D 079}			
{D 079}	they would schedul -The facility would he residents' clothes and the pest control of box springs, dressed. The resident would for four hours after else and the resident and interesidentBedbugs were clear blood meal and the their eggs were whim atter would be danged. The last time the factor was on 04/09/24 ard else time the factor of the common service of the facility treated 03/29/24Five resident room 2023Resident room S8  Telephone interview facility's contracted 12/13/24 at 9:10 amd else else else else else else else els	e a treatment. have to remove all the have to stay out of the room the treatment was completed. He dbugs on them and they sat have the bedbugs would crawl off have the area or onto another har until their first feed on a have yould turn reddish-brown, have the and sticky and their fecal have the treated for bedbugs had only room S1 was treated. How with the technician from the had not been treated.  What with the technician from the had not been treated.  What with the technician from the had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.  What have treated in December had not been treated.	{D 0/9}			
	ago, but they had been "knocked out".  -The Director contacted him about two to three months ago for a treatment for a few rooms.					
	-She had contacted requested a treatment had needed to contact t	l him today, 12/13/24, and				
	activity.	ot said anything about live eat before [the bedbugs]				

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	IT OF DEFICIENCIES		/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICA	ATION NUMBER:	A. BUILDING:		COMP	LETED
						F	,
		HAL073	010	B. WING		1	7/2024
		1				1 12/1	=v=-T
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING		B LAKE RO			
			ROXBOR	O, NC 27573	3		
(X4) ID		TEMENT OF DEF		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L			PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
140				IAG	DEFICIENCY)		
(D, 070)	O	07		(D 070)			
{D 079}	Continued From pa	ge 37		{D 079}			
	spread throughout the facility.						
	Telephone interview with sanitarian from the						
	Local Department of		ital Health on				
	12/12/24 at 2:00pm		00/00/04				
	-She had inspected						
	-She had not seen	any beabugs	during ner				
	inspection.						
	Interview with a personal care aide (PCA) on		de (PCA) on				
	12/13/24 a 9:25am revealed:		ac (1 0/4) on				
	-She had not seen		ntlv: it had been				
	a few months.	g	···· <b>,</b> ·······				
	-The residents had	not complaine	ed to her about				
	bites or itching.						
	-She did not inspec						
	-She had not seen	bedbugs in ro	om S8.				
	1. 4 2	Park Carrier Call	(B 4 A )				
	Interview with a me 12/12/24 at 2:45pm		(IVIA) on				
	-She had not seen		in the residents!				
	rooms.	arry beabags	iii tile residerits				
	-She had not seen	bedbuas in ro	om S8				
	-None of the reside						
	their rooms or beds	•	· ·				
	-The residents had	not reported a	any bug bites to				
	her.						
	-If she saw bedbug						
	bedbugs, she would	d have reporte	ed them to the				
	Director.						
	Interviews with the	Director on 10	0/11/2/Lat				
	2:58pm and 12/12/2						
	-She did not know i						
	control company's r		io on the post				
	-She thought the last		nad been a				
	report of bedbugs a						
	2024/August 2024.	,	,				
	-She thought the pe						
	preventative treatm						

STATE FORM 6899 If continuation sheet 38 of 308 W91Y12

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			<b>尺</b> 1 <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
{D 079}	-She had not seen began treating for to f 2024.  -The pest control or monthly around that she checked the stremoving the cushid bedbugs.  -She looked in the movement and darthe would ask the bedbugs or if they was reasidents had not there had been not here had been and here here had been and here had been here had been and here had been had here had been and here had been and here had been had here had he	a live bedbug since they hem in the spring or summer ompany started coming out it same time. Sofas in the common area by ons and looking for eggs and residents' rooms for eggs, it spots.  Tesidents if they had seen any were sleeping okay at night. Complained of bedbugs and reports from staff.  To bedbugs about two months were no longer a problem. It control company on 12/11/24 timent to have resident room had not heard back from resided in room S8 went out amily today, 12/12/24; she did by the resident had bedbugs in administrator on 12/12/24 at led bedbugs in the facility to an issue with bed bugs in the handled it.  To inspected rooms for e was a report of a sighting of lected the beds for bedbugs	{D 079}			

STATE FORM 6899 If continuation sheet 39 of 308 W91Y12

DIVISION	OF FIGARITY SETVICE IN	-guiation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIE	LETED
					F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHI	JB LAKE RO			
MAPLE I	HEIGHTS ASSISTED I	IVING	O, NC 2757			
(X4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	.D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				22.10.2.10.7		
{D 079}	Continued From pa	ige 39	{D 079}			
	-He was not aware	there were bedbugs in room				
		bedbugs had been resolved.				
		n bedbugs since at least				
	August 2024.	Ü				
		esident room NG on 12/10/24				
	at 8:19am revealed					
		were standing on the floor being secured to the wall.				
		d oxygen tanks were located				
		nt's dresser and closet along				
		r, two cases of water, two				
		ygen tank that was in a stand,				
	and a small oxygen					
		ge on the cylinders to indicate				
	the remaining amou					
	resident's bed in a	rygen cylinders beside the				
	residents bed in a i	metai rack.				
	Interview with the re	esident on 12/10/24 at 8:15am				
	revealed:					
		ow to store his oxygen tanks.				
		supply company had delivered				
		nd that was how the tanks				
	were left as far as h					
	oxygen tanks.	ad not told him how to store the				
	oxygen tanks.					
	Telephone interviev	v with the technician from the				
		provider on 12/11/24 at 9:52am				
	revealed:					
		uld always be secured to				
	prevent the tanks fr					
		uld be placed in a stand or				
	chained to the wall.					
	by injuring a body p	fell over, it could hurt someone				
		ill and the neck broke off, it				
	could potentially be					
		nmended that oxygen tanks be				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			,		   F	۲
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	B LAKE RO. D, NC 27573			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{D 079}	Continued From page 40		{D 079}			
	secured using a sta	and or other means.				
	12/12/24 at 2:45pm -She did not do any -The oxygen tanks -She was not award secured when in the -She thought they of in a crate or holderNo one from mana about anything con. Interview with a sec 9:04am revealed: -She did not know I storedShe had seen the had not noticed how	thing with the oxygen tanks. were not her responsibility. they were supposed to be facility. lid not come in when delivered				
	revealed: -Oxygen tanks were stands to prevent the All staff members oxygen tanks were the resident's room. She did not know to tanks in resident rouse was concerned secured because the other tanks over, and Interview with the All 8:25am revealed: -He was aware oxybe secured even if the was not aware resident room NG were	e supposed to be secured in the tank from falling over. Were responsible for ensuring secured; anyone who went in was responsible. Here were unsecured oxygen om NG. If the oxygen tanks were not the tanks could fall over, knock and cause an explosion.  Idministrator on 12/12/24 at the gen tanks were supposed to they were empty.  Some of the oxygen tanks in				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUIDENTIFICATIO		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BOILDING.		,	٦
		HAL073010	0	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIE Y MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
{D 079}	Continued From particles were empty or full.  The Director was of to secure the oxyge. The staff should have the oxygen tanks worth to the Director should unsecured tanks worth to the bed; the resident rooms of the was not sure worth to the bed; the resident room if it were lessed on the floor from the toth to the bed; the resident side of the stack of folded and with a pile of clothing stack of folded cloth foot of the bed.  There was a full the Cobservation of resident side of the stack of folded cloth foot of the bed.  There was a full the Cobservation of resident side of the side of the cloth foot of the bed.  There was a large the right side of the cloth foot of the bed.  There was a large the right side of the cloth foot of the bed.  There was a large the right side of the cloth foot of the bed.  There was a large the right side of the cloth foot of the bed.  There was a large the right side of the cloth foot of the sec.  There was a tall large the right side of the cloth foot of the sec.	currently trying to en tanks. ave informed the vere not secure. Id have discovere then she checked p and down the fevery day. What could happed it was empty, bu ygen tank could sknocked over. esident room S1 is amount of clothed e closet, past the dent was laying it is on the left side of the edges and the dwith miscellant in the edges and the edges and the unfolded clothing and a laundry thes on the floor reashcan between dent room S2 on pile of clothes in a room. I ined up on the fathing items on to the string items on the string items of the strin	e Director that ed the d on residents' hall and look in if an oxygen it he was shoot across  on 12/10/24 es scattered d dresser and in the bed with e of the room. open with he top of the eous items. hair with a g, a dresser bin with a hext to the the beds. 12/10/24 at ha chair on floor in front of p of the	{D 079}			

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STATE FORM 6899 W91Y12 If continuation sheet 42 of 308

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUI		1 ' '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BOILDING.			R
		HAL073010	)	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIE / MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
{D 079}	Continued From pa	ge 42		{D 079}			
	clothes and unfolded clothesThe closet and the dresser were full of clothes.						
	Observation of resi 12/10/24 at 8:12am frame without a ma clumps of dust and where the mattress	revealed there v ttress and there loose debris on	vas a bed were large				
	Second observation 12/11/24 at 8:10am - There was a large the right side of the -There were shoes the dresserThere multiple clot	revealed: pile of clothes in room. lined up on the fl	a chair on loor in front of				
	dresserThere was a tall la clothes and unfolde-The closet and the	undry basket fille ed clothes.	d with folded				
	Interview with the re S2 on 12/11/24 at 1 -The staff washed I away. -His clothes were w	1:55am revealed nis clothes and h	l: e put them				
	12/10/24He liked his clothe themHis dresser and clument to get rid of ar	oset were full, an					
	Observation of resi 8:25am revealed th covering a long she above the resident'	ere was a thick la	ayer of dust				
	Interview with the re S4 on 12/10/24 at 4 -Staff did not regula	l:50pm revealed:					

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STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	.
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	B LAKE RO			
			D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
{D 079}	Continued From pa	ge 43	{D 079}			
	-He remembered hi two months ago.	m could be cleaner. is room was last dusted about complain about the com.				
	Observation of resident room S5 on 12/10/24 at 8:35am revealed: -There was a dresser with a television setting on top of it there was a thick layer of dust on the dresser and the televisionThere were streaks in the thick layer of dust on the dresser where objects had been moved.					
	Interview with the two residents who resided in room S5 on 12/10/24 at 4:55pm revealed: -Staff did not clean their roomThe last housekeeper had quit about a month agoThey noticed the dust in the room, but they did not complain to anyone because they were grateful to have a place to live.					
	8:35am revealed: -There were multipl towels and tissues the beds in the roor -There were dried of fecal material on the next to a bedThere were smear material on a plasticular place place and in it on the floor floor in the floor of the place place of the place place in it on the floor of the place place of the place pl	dent room S6 on 12/10/24 at the used and wadded up paper on the floor and under one of m. clumps of a brownish-black the floor and a smeared area as of dried brownish fecal the laundry basket next to a bed. The shoe with an empty beverage of at the head of the bed. The piece of clear plastic, The piece of cle				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 079}	Continued From page 44		{D 079}			
	Observation of resises: 39am revealed: -There was a used the floor between the There was a thick nightstands between Observation of resises: 9:00am revealed: -There were larges chairs of the roomThere were multiple the floor around the There were multiples stuck to them undeen There were empty on the floorThere was a thick dressers and nights Interview with a resise on 12/11/24 at 9:00The staff washed in the chairHe would get his content the would get his content the chairHis dresser was content to the staff washed in the chair.	dent room S7 on 12/10/24 at bandage with dried blood on he bed and the nightstand. layer of dust on the he the beds. dent room NC on 12/11/24 at stacks of folded clothes in both le personal items stacked on he dresser and the chairs. he sticky boards with debris r the beds. plastic shopping bags loose layer of dust build up on the stands. ident who resided in room NC am revealed: his clothes and placed them in lothes from the chair and put				
	towels scattered and -There was a thick floor fan, and nights -There were multipl window including a bed pillow with no p	e items on the floor under the paper bag with items in it, a pillow case covered in black				
	and a roll of toilet p	ue box, a bottle of shampoo, aper.				

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	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	UB LAKE ROA			
			RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
(D 079)	Continued From pa	ge 45	{D 079}			
	windowsill including three open bottles of fluid in them, a to case and another such as a large clothing, multiple storages, a roll of scattered on the flour there was a large clothing, multiple storages with used tissues in various items included baskets full of cloth. There was a small seed scattered arount around the was a strash wrappers and emptour there was a side to with a sock, a disposition of the compact of the nightstand new multiple opened be lotions and other multiple opened	le pairs of shoes, empty food toilet paper and crumbs or. grey plastic bag containing orage bins, a short gift bag it, a large gift bag filled with ding food, and two laundry les in the room. pile of bird seed and bird and the floor. can that was full and had food by chip bags in it. It bed with miscellaneous items at completely covered the leable next to the spare bed losable cup with dried liquid, loaste and an eye glass holder ext to the resident's bed had loverage bottles, eye glasses, iscellaneous items; the top of completely covered.  Ident room NG on 12/11/24 at the between the dresser and the that had a wooden chair, shopping bags that were full, lygen tanks, four walkers, and bottles. Inultiple personal items lined on his bed including snacks, looks.	5			

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
			JB LAKE RO			
MAPLE	HEIGHTS ASSISTED I	IVING	O, NC 27573			
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	<u></u>	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEI ICIENCT)		
{D 079}	Continued From pa	ge 46	{D 079}			
	oxygen concentrate	nr.				
		s of dust on the dresser where				
		ed the dust off a corner of the				
	top.					
		ident who resided in room NG				
	on 12/11/24 at 9:09					
		ned very sporadic because ave a regular housekeeper.				
	-They never dusted his room; he would like to have his room dusted.					
		one to dust his room because				
		gular housekeeper.				
		d clean his room they only				
	mopped.					
	Intervious with the h	ougakaanar on 12/11/24 et				
	11:30am revealed:	ousekeeper on 12/11/24 at				
	-Today, 12/11/24 wa	as her first day				
	-She would dust wh	nen she did the deep cleaning.				
		ents' rooms needed attention;				
	she had noticed the					
		he residents' clothes and the				
	residents put them	away.				
	Interview with a ner	sonal care aide (PCA) on				
	12/13/24 a 9:25am					
		the residents' clothes and				
	then put them in dre					
		their own clothes away, so				
	staff left them in the					
		ressers were too full so they				
		t on the chairs and dressers. ed to leave their clothes out				
	and not have them					
	and not have them	pat away.				
	Interview with a me	dication aide (MA) on				
	12/12/24 at 2:45pm					
	-The PCAs washed	I the residents' clothes and put				
	them away.					

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
			A. BOILDING.		F	,
		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	B LAKE RO			
		ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 079}	Continued From page 47		{D 079}			
{D 079}	-Some of the reside put their clothes aw their chairsSome residents wa away, so staff left the Staff would ask the again to put their clowould refuseThe residents wou asked and asked the so she just walked. Interview with the Drevealed: -The PCAs washed them away in the redrawersThe Supervisor and residents' clothes and their own clothes away in their own clothes away from the put them away for put them away for the residents did not time to put their cloothes out of her down clothes and the sould remain their ownSome of the residents of the residen	ents did not want the staff to ray and wanted them to stay in anted to put their own clothes nem out. It residents over and over othes away and the residents away, away.  Director on 12/11/24 at 3:20pm If the residents' clothes and put esidents' closets and dresser defined the MAs helped to put away, residents who preferred to put away; she could name at least away clothes were not put away, them to put their clothes away or the resident.  The total the motion of the saway by the s	{D 079}			
	or put them away for the residents did not time to put their clorung their clorung the room.  Some of the residents and the room.  Some of the residents and the solution of the residents and the solution of the residents and the more placents. The would encourage when they got new; listen.	or the resident. The hot have a certain amount of thes away by. Sident who would take her rawers and throw them around ents did not want to get rid of ad just kept adding. Splain to residents that e in the dresser or the closet. Ents the more belongings they age them to get rid of old items				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		` ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BUILDING.	<del></del>		_
		HAL073010		B. WING			२ 1 <mark>7/2024</mark>
NAME OF	PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING		B LAKE RO D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	-It would trigger bel when she tried to d -The furniture was a -The dusting includ tables, nightstands any other furniture Interview with the A 8:25am revealed: -The PCA and the I washing the resider awayIf a resident requeaway it was okay to up on the floor or b -He felt it was debabecause staff would	ald try to talk to the rest naviors with some rest naviors and the second of the clutter of the clutter of the clutter of the company of the clutter of the room of the clutter of the c	dents ems. eeded. side ons and  /24 at for g them aundry it ended ter. uttered up then				
	-There was no remedy for the clutter; they could only ask the residents not to mess up their rooms, but it did not always workClutter was only an issue if it caused a problem; if there was no harm and no dangerIf clutter became a trip hazard it could be harmfulHe looked into rooms as he went up and down the halls or when staff told him it looked bad in resident's roomHe went to a resident room last week that had clothes on the floorIt was hard to change residents' habits and behaviorsHe expected the Director to walk up and down the hall and look at rooms every dayHe did not know if she did or if she had a check list when looking at residents' rooms.						

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY LETED	
		HAL073010	B. WING		F 12/1	₹ <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	B LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
{D 079}	environment free free related to live mice multiple residents' related to live mice multiple residents' resident's room; uncould injure a reside multiple resident rooshoes, clothes and on the floor and stobeds. This failure wasfety, and welfare constitutes a Type for the facility provided accordance with G. this violation.	om obstruction and hazards in hallways, common areas, in ooms, in their personal their beds; live bedbugs in one secured oxygen tanks which ent if the tanks fell; and oms with clutter including dust, personal belongings scattered red on dressers, chairs, and was detrimental to the health, of the residents and	{D 079}			
{D 083}	Furnishings  10A NCAC 13F .03 Furnishings (a) Adult care home (9) have curtains, d in resident use area privacy; This Rule shall app facilities.  This Rule is not me Based on observati interviews, the facili coverings for two re	raperies or blinds at windows as to provide for resident ly to new and existing	{D 083}			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				A. BUILDING:			,
		HAL07301	10	B. WING			⋜ I <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	LIVING		B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	_	TEMENT OF DEFICI 'MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 083}	Continued From pa	ge 50		{D 083}			
	The findings are:						
	Observation of residuals 4:55pm revealed: -There were four search and the four search are the four search are the four search are the found and the following search are the four search a	ets of mini blinds ets had multiple and parking lot ne room. wo residents wh 24 at 4:55pm re- en broken for a nad moved into plained about their	s in the room. e missing and were visible to resided in vealed: while, they the facility. the broken privacy				
	Observations of res 8:17am and 10:10a -There were four withem. -There was a large were missing on on -While standing in to outside parking lot with missing section of but Interview with the res	m revealed: indows with min section where see set of blinds. he middle of the was clearly visit blinds. esident who res	ni blinds on seven slats e room the ble through the ided in room				
	S8 on 12/12/24 at 1 -The blinds in her rowhile, she thought rinShe did not know i blindsShe did not know i room throught the base of the she left them down	oom had been li maybe since sho f staff knew abo f anyone could solinds that were	ike that for a e had moved out the broken see into her missing slats.				

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	of Fleatiff Service IN		1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	l ` ′	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL073010	B. WING			7/2024
					1 1 <i>41</i> 1	.,2027
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIF	HEIGHTS ASSISTED L	IVING 2065 CHU	JB LAKE RO	AD		
WAI LE I	ILIOITIO AGGIGTED L	ROXBOR	O, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				22.10.2.10.		
{D 083}	Continued From pa	ge 51	{D 083}			
	see in.					
		through the hole in the broken				
	blinds.	through the note in the broken				
		ad not noticed the broken				
	-She figured staff had not noticed the broken					
	blinds.					
	Interview with the Director on 12/16/24 at					
	11:46am revealed:					
		of any broken blinds in				
-She was not aware of any broken blinds in resident rooms.						
		rooms by going into them; she				
	walked around ever					
		sarily look for broken blinds				
		e room to see if she could see				
	outside.					
		ts inside the building from the				
		if there were any broken				
	blinds.					
		now long the blinds in S8 had				
		se the resident had not				
	complained to her.					
	-She had noticed a	few slats were broken				
	because she could	see some light from the				
	parking lot.					
	-She could not see	into the resident's room she				
	only saw light from					
		d the multiple broken slats in				
		S5, because it faced the				
	parking lot.					
	-The residents had not complained to her about					
	the broken blinds in their room.					
	-	e the broken blinds as soon as				
	she saw them.					
	lassam darrindel etc. A	ducinistrator == 40/40/04 - 1				
		dministrator on 12/16/24 at				
	3:50pm revealed:	oo otoff wore recognished for				
		ne staff were responsible for				
	looking for broken b	ollings.				

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them broken.

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE : COMPI	
					R	2
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE H	IEIGHTS ASSISTED L	IVING	IB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 083}	Continued From pa	ge 52	{D 083}			
	rooms; the broken I not been reported to -He expected the b replaced; they did n	any broken blinds in resident blinds in rooms S5 and S8 had be him. The roken blinds to just be not need to be reported to him. The be told when he needed to				
D 087	10A NCAC 13F .0306(b)(1) Housekeeping And Furnishings					
	10A NCAC 13F .0306 Housekeeping And Furnishings (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; This Rule shall apply to new and existing facilities.					
	failed to provide a c change a bed soil b	et as evidenced by: ons and interviews, the facility clean top and bottom sheet; and pallow cases on esident rooms S4, S6, and S7.				

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	or realth Service IN				1000 - 1	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIP	1-0
					F	,
		HAL073010	B. WING		1	7/2024
		•			1 12/1	172024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	LIVING 2065 CH	UB LAKE RO	AD		
1117-11	ILIGITIO AGGIGILES I	ROXBO	RO, NC 2757	3		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATURY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
D 087	Continued From pa	age 53	D 087			
	The findings are:					
	The illiulings are.					
	Observation of resid	ident room S4 on 12/10/24 at				
	8:25am revealed:	100 H 100 H 01 12, 10, 2 1 ut				
		ess cover with multiple black				
		s and no bedsheets on the				
	bed.					
	-There was a disposable bed pad with a large we					
	spot and debris on it.					
	-There was a pillow with no pillow case on one of					
	the resident's beds.					
		sident room S4 on 12/11/24 at				
		12/24 at 10:25am revealed:				
		ess cover with multiple black				
		s and no bedsheets on the				
	bed.	ومسوا والمؤدر الموسام والموسو				
		sable bed pad with a large				
	dried urine spot and	น นอการ on it. v with no pillow case on one of				
		that was soiled and blackish				
	where the resident's					
	ioro aro rooidont	5				
	Interview with a res	sident who resided in room S4				
	on 12/12/24 at 10:2					
	-His bedsheets wer	re changed about once a				
	month.					
		ad a bottom bedsheet on it for				
	about a month.					
	-The staff did not make his bed.					
		attress pad was not changed				
	_	would be left on for several				
	days.	sility was being "skimpy" with				
		cility was being "skimpy" with he was running low on them.				
		in to anyone, he just slept on				
	the bed.	iii to arryone, ne just siept on				
		ave a bottom sheet and have				
	his bed made up.	avo a pottom sneet and nave				
	mo bod mado up.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL073010		B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER HEIGHTS ASSISTED I	IVING 20	65 CHUE	RESS, CITY, S B LAKE RO D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIOI		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 087	8:35am revealed: -There was a bed warious miscellaned including a toilet palength of the bed are. There was a large of material on the composition of the bed.  Observation of resides: 8:40am and on 12/receivedThere was a bed was bedsheet and there scattered on the begrownish-black materials and the same size on the had not noticed sheetsHis bed was not materials bed was not materialsThe other bed in hall messed up sin month ago.	dent room S6 on 12/10/2  with a only a sheet on it a bus items stacked on the per that stretched out th nd was balled up in secti dried brownish drip and orner of the mattress at  dent room S7 on 12/10/2 11/24 at 8:11am revealed with a mattress cover but were miscellaneous ite d. and a cigarette butt on th circle and smear of drie terial on the bottom of the r the footboard. and bed that was unmade rcle and a fresh wet circle	and e bed le lions. smear the  24 at d: t no ms ne d le le le of  com l. s nes he went to that; er a	D 087			
	member on 12/16/2	24 at 10:35am revealed s					

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:			
		HAL073010	B. WING		R 12/17/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	JB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 087	Continued From pa	ge 55	D 087			
	Thanksgiving holiday and when she returned to the facility, the resident's bed was left unmade, and when she returned several days later, the resident's bed was just like it was left.					
	Interview with a personal care aide (PCA) on 12/13/24 a 9:25am revealed:					
	<ul> <li>-The PCA changed the sheets every other day or if they were dirty from the night before.</li> <li>-The residents' beds were made everyday unless they were sleeping in them.</li> <li>-The bed pads were supposed to be changed everyday when the bed was made up.</li> <li>-The beds were supposed to have a bottom sheet a ten flet sheet and a comforter or</li> </ul>					
	sheet, a top flat sheet and a comforter or bedspreadShe had not noticed any soiled beds or bed pads that had not been changedShe changed the soiled sheets when she saw them.					
	12/12/24 at 2:45pm -She did not change becausethe PCAs of	e sheets or make beds,				
	-She had not notice beds.	ed soiled beds or unmade had a bed pad and she was on				
	the North hall.	he resident residing in room				
	-She only turned the	e light on and opened the door e residents came to her to take the did not go into their rooms.				
	revealed: -The beds were ma	Director on 12/11/24 at 2:58pm ade everyday by the PCAs. hanged every other day or as				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		   F		
		HAL073010	B. WING			7/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
D 087	Continued From pa	ge 56	D 087				
	needed.						
D 137	8:25am revealed: -He did not know the resident's sheetsThe sheets should more frequently if selection -Every bed should be sheet, pillows with a sheet, pillows with a sheet pads should be even if they were not -All staff washed ar -The Director should	nd changed sheets. d have been inspecting rooms ng up and down the hall and rooms.	D 137				
	<ul> <li>10A NCAC 13F .0407 Other Staff Qualifications</li> <li>(a) Each staff person at an adult care home shall:</li> <li>(5) have no findings listed on the North Carolina Health Care Personnel Registry according to G.S. 131E-256;</li> </ul>						
	This Rule is not me TYPE B VIOLATIO						
	facility failed to ens A, B) had no substa	s and record reviews, the ure 2 of 5 sampled staff (Staff antiated findings on the North re Personnel Registry (HCPR)					
	The findings are:						

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 137	Continued From pa	ge 57	D 137			
	1. Review of Staff A personnel record re-Staff A was hired or There was no door was completed prior There was an HCF 12/16/24 with no perfindings.  Interview with Staff revealed: -She started working-She had worked are ago as a medication-She did not know in done yetShe thought there check because she schedule at the prefacility she workedShe was under invand falsifying residenshe had a pending for the accusations	A's, housekeeper and cook, evealed: on 12/03/24. umentation an HCPR check or to or upon hire. PR check completed on ending or substantiated  A on 12/16/24 at 5:07pm  ag at the facility on 12/02/24. It the facility about two years in aide (MA). If an HCPR check had been might be finding on the HCPR was removed from the vious assisted living (AL)  restigation for drug diversion ent information. In g court date for January 2025				
	5:20pm revealed sh	Supervisor on 12/16/24 at ne had not had a chance to go ersonnel record to see if				
	revealed: -She was responsit and completing particular -She did the intervious Administrator about	ews and then told the t the interview. ences and did the HCPR				

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NAME OF PROVIDER OR SUPPLIER  MAPLE HEIGHTS ASSISTED LIVING  SUMMARY STATEMENT OF DEPCIPICACES PRESS, CITY, STATE, ZIP CODE  2055 CHUB LAKE ROAD ROXBORO, NC 27573  CONTINUE OF PROVIDERS DEPLIED STATE  (EACH DEPCIPINATION WIST BE PRECEDED BY TULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D137  Continued From page 58  Staff A started about two weeks agoShe knew the HCPR check was required before she could hire staffShe did not check Staff A's references, but she checked her HCPR the week before she was hiredShe could not find the HCPR check she ran for Staff A' in her personnel record.  Refer to the interview with the Supervisor on 12/17/24 at 11/34am.  2. Review of Staff B's, cook and personal care aide (PCA), personnel record revealed: -She was hired as a cook/PCA no 50/50/24There was no documentation an HCPR check was completed prior to or upon hireThere was an HCPR check completed on 12/16/24 with no substantiated findings.  Telephone interview with Staff B on 12/17/24 at 9.54am revealed: -She was not sure what a HCPR check wasShe was not sure what a HCPR check wasShe was not sure what a HCPR check wasShe was not sure of no many and the springShe could work as a PCA, but she just worked as the cookThere would be no findings on HCPR check. Interview with the Supervisor on 12/16/24 at 5.20pm revealed: -There would be no findings on her HCPR checkThere would be no findings on her HCPR check.		IT OF DEFICIENCIES OF CORRECTION		/SUPPLIER/CLIA TION NUMBER:	l ` ′	E CONSTRUCTION		SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ### ADDRESS, CITY, STATE, ZIP CODE  ### ADDRESS, CITY, STATE, ZIP CODE  ### ADDRESS ADDRESS ADDRESS, CITY, STATE, ZIP CODE  ### ADDRESS A					A. BUILDING:			n
MAPLE HEIGHTS ASSISTED LIVING    (A4)   ID			HAL073	010	B. WING		I	
CALL	NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG  RECOULATORY OR LSC IDENTIFYING INFORMATION)  D 137  Continued From page 58  -Staff A started about two weeks agoShe knew the HCPR check was required before she could hire staffShe did not check Staff A's references, but she checked her HCPR the week before she was hiredShe did not check Staff A's references, but she checked her HCPR the week before she was hiredShe could not find the HCPR check she ran for Staff A'in her personnel record.  Refer to the interview with the Supervisor on 12/16/24 at 5:20pm.  Refer to the interview with the Administrator on 12/17/24 at 11:34 am.  2. Review of Staff B's, cook and personal care aide (PCA), personnel record revealed: -She was hired as a cook/PCA on 05/02/24There was no documentation an HCPR check was completed prior to or upon hireThere was an HCPR check completed on 12/16/24 with no substantiated findings.  Telephone interview with Staff B on 12/17/24 at 9:54 am revealed: -She was not sure what a HCPR check wasShe was not sure if one was doneShe started working at the facility as a cook in the springShe could work as a PCA, but she just worked as the cookThere would be no findings on her HCPR check. Interview with the Supervisor on 12/16/24 at 5:20pm revealed:	MAPLE I	HEIGHTS ASSISTED I	LIVING					
-Staff A started about two weeks agoShe knew the HCPR check was required before she could hire staffShe did not check Staff A's references, but she checked her HCPR the week before she was hiredShe did not see any findings on Staff A's HCPR check so she hired herShe could not find the HCPR check she ran for Staff A' in her personnel record.  Refer to the interview with the Supervisor on 12/16/24 at 5:20pm.  Refer to the interview with the Administrator on 12/17/24 at 11:34am.  2. Review of Staff B's, cook and personal care aide (PCA), personnel record revealed: -She was hired as a cook/PCA on 05/02/24There was no documentation an HCPR check was completed prior to or upon hireThere was an HCPR check completed on 12/16/24 with no substantiated findings.  Telephone interview with Staff B on 12/17/24 at 9:54am revealed: -She was not sure what a HCPR check wasShe could work as a PCA, but she just worked as the cookThere would be no findings on her HCPR check. Interview with the Supervisor on 12/16/24 at 5:20pm revealed:	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECE	EDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	HOULD BE	COMPLETE
-She had not had a chance to go through Staff B's personnel record yet.	D 137	-Staff A started abo -She knew the HCF she could hire staff -She did not check checked her HCPR hiredShe did not see ar check so she hired -She could not find Staff A in her perso Refer to the intervie 12/16/24 at 5:20pm Refer to the intervie 12/17/24 at 11:34ar  2. Review of Staff E aide (PCA), person -She was hired as a -There was no door was completed prio -There was an HCF 12/16/24 with no su  Telephone interview 9:54am revealed: -She was not sure -She started working the springShe could work as as the cookThere would be not Interview with the S 5:20pm revealed: -She had not had a	ut two weeks PR check was. Staff A's refer the week before the week before the HCPR channel record.  We with the Adm.  B's, cook and precord reverse cook/PCA or umentation and precord reverse to or upon here.  What a HCPR with Staff Bowhat a HCPR if one was doring at the facilities a PCA, but standards or the cook in the facilities of findings on here.	required before rences, but she fore she was Staff A's HCPR eck she ran for apervisor on ministrator on personal care realed: n 05/02/24. HCPR check ire. apleted on addings. on 12/17/24 at check was. ne. y as a cook in the just worked er HCPR check. 12/16/24 at	D 137			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	,
		HAL073010	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	JB LAKE RO 20, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 137	Continued From pa	age 59	D 137			
	Interview with the Erevealed: -Staff B was hired in She had done a Her being hiredShe knew the HCF she could hire staffShe thought she her check in the persons and the staff she thought she her check.  Refer to the interview 12/16/24 at 5:20 pm Refer to the interview 12/17/24 at 11:34	Director on 12/16/24 at 6:12pm on October 2024. CPR check on Staff B prior to PR check was required before ad put a printout of the HCPR onel record. Gings on Staff B's HCPR  ew with the Supervisor on on.  Supervisor on 12/16/24 at ole for going through the staff of to make sure all hire them. list and checked after the staff on was responsible for the missing from the personnel Director know.  W with the Administrator on on revealed: responsible for completing the or the HCPR checks were to be				
	-The Director knew done prior to intervi	the HCPR checks were to be iewing and not after hire. ed the personnel records to				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE	
D 137	recordsHe was not aware newly hired staff we -He expected the Hobefore the interview an interview.  The facility failed to (A and B) had Heal checks with no sub prior to beginning was detrimental to of all the residents constituted a Type The facility provided accordance with G. this violation.  CORRECTION DA	re complete. Insible for the personnel  the HCPR checks for the ere not done. ICPR checks to be done as, so time was not wasted on the ensure 2 of 5 sampled staff thcare Personnel Registry staniated or pending findings fork at the facility. This failure the health, safety, and welfare who resided in the facility and	D 137			
D 139	(a) Each staff perso (7) have a criminal in accordance with available in the staf This Rule is not mo Based on record re facility failed to ens	07 Other Staff Qualifications on at an adult care home shall: background check completed G.S. 131D-40 and results f person's personnel file;	D 139			

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL073010	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW WILL OT	NOVIDER OR COLL FIELD		IB LAKE RO			
MAPLE I	HEIGHTS ASSISTED I	IVING	O, NC 27573			
0(4) ID	CLIMMA DV CTA					()(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
D 139	Continued From page 61		D 139			
	upon hire.					
	upon niie.					
	The findings are:					
	-	housekeeper and cook,				
	personnel record re					
	-Staff A was hired o	umentation a criminal				
	background check completed prior to or upon hire.					
	11110.					
	Interview with Staff A on 12/16/24 at 5:07pm					
	revealed:					
		ng at the facility on 12/02/24.				
		t the facility about two years				
	ago as a medication					
		f a criminal background check signed a consent to check				
	after she was hired	•				
	and she was mica	•				
	Interview with the S	Supervisor on 12/16/24 at				
	5:20pm revealed:	•				
		ole for going through the				
	· .	to make sure all new hire				
	documents were in					
		chance to go through Staff A's				
		see if everything was there. list and checked the				
		fter the staff was hired.				
		nsible for doing criminal				
		s; the Director was responsible				
	for the checks.	,				
		nissing from the personnel				
	record, she let the I	Director know.				
	Indominate the D	Nime at an am 40/40/04 at 0:40				
	revealed:	Director on 12/16/24 at 6:12pm				
		ole for the hiring of new staff				
	and completing par					
		ews and told the Administrator				

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STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
		HAL073010	B. WING		F 12/1	R 7/2024
NAME OF F					12/1	112024
NAME OF F	PROVIDER OR SUPPLIER		B LAKE RO	STATE, ZIP CODE		
MAPLE H	HEIGHTS ASSISTED L	IVING	D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 139	about the interviewShe checked refere background check a -Staff A started about she will be about a week agoIt usually took about report to come backgroundShe had always us criminal background. Telephone interview 12/17/24 at 11:34arThe Director was recriminal backgroundThe Director maile check to the state bushes about a week agoIt usually took about report to come backgroundShe had always us criminal backgroundThe Director was recriminal background.	ences and did the criminal after the staff was interviewed. ut two weeks ago. inal background check was could hire staff. est for Staff A's criminal to the federal agency the ninal background checks at three to four weeks for the k. sed a mail in service for a d check for staff.	D 139			
	after hiring due to the -The Director audited make sure they were	ne mail. ed the personnel records to				
	recordsHe was not aware check for Staff A was	the criminal background as not done. riminal background checks to				
D 176	10A NCAC 13F .06 Facilities-General A	01 (a) Management of dministrato	D 176			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 42/4	R <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	12/1	112024
	HEIGHTS ASSISTED I	IVING 2065 CHU	B LAKE RO O, NC 27573	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 176	Continued From pa	ge 63	D 176			
	10A NCAC 13F .0601 Management Of Facilities - General Administrator And Manager Responsibilities					
	administrator who is Rule .1701 of this S shall be responsible management of the and services are presently, and welfare with all applicable for regulations and coordinate and service Regulation social services for Subchapter. The coone, shall share equilibriary and massubchapter. The testing and massubchapter. The testing and massubchapter. The testing and massubchapter.	e home shall have an a certified in accordance with Subchapter. The administrator of for the total operation and a facility to assure that all care ovided to maintain the health, of the residents in accordance ocal, state, and federal des. The administrator shall to the Division of Health and the county department of complying with the rules of this of administrator, when there is ual responsibility with the decoperation of the home and a sintaining the rules of this rm "administrator" also refers where it is used in this				
	management and c	overall operations of the facility and monitor rules related to				

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
						l l	R
		HAL07	3010	B. WING		12/	17/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 176	Continued From pa	ge 64		D 176			
	housekeeping and furnishings, infection prevention and control, resident rights, staff qualifications and health care personnel registry.						
	The findings are:						
	Confidential intervie -The Administrator moon." -He could not recall Administrator	came to the f	facility "every blue				
	Confidential intervie -The Administrator weeks to a month. -The Administrator week.	was at the fa	cility every three				
	Interview with a res revealed: -The Administrator weekSometimes he stay sometimes he walked a everything was "god having a good dayIf a resident neede Administrator they evisited.	visited the far yed in the off ed around. round, he wo od" or if the ro	cility about once a ice and ould ask if esidents were				
	Interview with the D revealed: -The Administrator weekThe Administrator talked to the reside Interview with a me 12/13/24 at 9:04am	was at the fa walked arour nts when he dication aide	cility once a  nd the facility and was at the facility.				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			, <u>20.25</u> 10.		   F	₹
		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	B LAKE RO			
	T	ROXBORO	D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 176	Continued From pa	ge 65	D 176			
	-The Administrator was at the facility once a week for "hours." -The Administrator walked around the facility when he was there.					
	11:42am revealed: -The Administrator he needed to beSometimes the Ad couple of days a we	what the Administrator did				
	Interview with the Administrator on 12/12/24 at 8:25am revealed: -He expected the Director to walk up and down the hall and look at rooms every dayHe did not know if she did or if she had a check list when looking at residents' roomsThe Director was responsible for reviewing the housekeeping logs every day to make sure everything was done.					
	3:40pm, 4:20pm, and -He asked the Direct and she would tell It -He did not look at -He looked at the knoked at the knoked at the knoked at the overal -He would tell the knoked at time he looked before last; the solution he told the kitchen-He expected the Direct and she would tell the knoked at time he looked at the control time he looked at the looked at the looked at the known at the looked at the looked at the known at the looked at th	dministrator on 12/16/24 at and 5:49pm revealed: ctor if everything was done, nim if there was an issue. the kitchen cleaning logs. itchen to see if it was clean at itchen and the floors; he ll condition of the kitchen. itchen staff and the Director if that needed attention. oked at the kitchen was the ne floors needed to be cleaned en staff. birector to make sure the chen was maintained.				

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DIVIDION	Of Fleatur Service IN	i Squiation	1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIP	LETED
					F	2
		HAL073010	B. WING			7/2024
			1			.,
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIFI	HEIGHTS ASSISTED I	IVING 2065 CHU	JB LAKE RO	AD		
	ILIOITIO AGGIOTED I	ROXBOR	O, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON NC	(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
D 176	Continued From pa	ge 66	D 176			
	He was not aware	of any door alarms not				
	working.	of any door alarms not				
		sometimes if the front door				
		alarm would continuously				
	sound.	alaim would continuously				
		the alarm on the south				
	hallway exit door wa					
		the alarm on the north hallway				
		sound at times when the door				
	was opened.					
		ity 2-3 days per week.				
		Director was doing what				
		by asking questions.				
		is of the Director such as are				
		the facility, had cart audits				
		nd the response was always				
	yes.	,				
	-"Maybe he should	do more."				
		v with the Administrator on				
		n and 2:42pm revealed:				
		ts of the personnel records.				
	-He was not respor records.	sible for the personnel				
		completely responsible for the				
	personnel records.	completely responsible for the				
		responsible for completing the				
		to interviewing for staff				
	positions.	<b>9</b>				
		d check when medications				
		ne facility to ensure all ordered				
	medications were d					
	-The Director shoul	d check the medication cart				
	bi-weekly to make s	sure all medications were on				
	hand to be adminis					
		ed to audit the eMAR when				
	doing the cart audit					
		I that it did not appear this				
		done, or not consistently				
	because missed me	edications would not be an				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL0730	10	B. WING		l l	R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	•	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
MAPIFI	HEIGHTS ASSISTED I	IVING		JB LAKE RO			
	I			O, NC 27573	}		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 176	6 Continued From page 67		D 176				
	issue.						
	Non-compliance warule areas:	as identified in	the following				
	1. Based on observe reviews, the facility were administered residents (#1, #2, ##13) including two lamedications (#1); a medications for BP stabilizing (#3); an intermors (#7); an intermors (#7); an intermors (#8); two for seizures and a residence (#11); and a BP medication (Typedication). Based on observe reviews, the facility Disease Control and to ensure proper intermore the use of glucomediabetic residents (for blood sugar more of glucometers between the proper intermore for the proper i	failed to ensure as ordered for 3, #6, #7, #8, # plood pressure BP medication and a medication haler (#6); a maler and a topic orinhalers (#9); medication (#13). 13F .1004(a) Maler and a topic failed to follow defection control fection control fection control fection control fection gresulting ween residents 13F .1801(b) In	e medications 9 of 9 sampled 49, #11 and (BP) n (#2); two ion for mood medication for cal pain a medication mood stabilizing [Refer to Tag Medication Violation)].  ws, and record the Centers for CDC) guidelines procedures for campled #6) with orders ig in the sharing J.[Refer to Tag Infection				
	(Type Unabated B \) 3. Based on intervie facility failed to mai the residents were verbal abuse as evihitting a resident (# multiple residents, I multiple residents s members; and 1 of	violation)].  ews and record ntain an enviro protected from idenced by Sta 10), Staff B and Resident #7 be prayed with wa	reviews, the nment in which physical and ff B and C d D cursing at ing hit by staff, iter by staff				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 12/1	R 7/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	12/1	112024
	HEIGHTS ASSISTED I	2065 CHU	B LAKE RO			
WAFLE	Г	ROXBOR	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
D 176	Continued From page 68		D 176			
	requested a roomm roommate displaye hygiene. [Refer to T Resident Rights (Ty	·				
	reviews, the facility coordinate with a ne (PCP) in a timely m after the previous F notice to the facility services. [Refer to	rations, interviews and record failed to immediately ew primary care provider anner for 21 of 22 residents CP had provided a 30-day of the termination of physician Tag 277 10A NCAC 13F re (Type A2 Violation)].				
	reviews, the facility orderly environmen hazards related to t bedbugs, unsecure room, and clutter in [Refer to Tag D079	ations, interviews, and record failed to provide a clean and t free from obstructions and he presence of live mice, live d oxygen tanks in a resident's multiple residents' rooms.  10A NCAC 13F .0306(a)(5) Furnishings (Type B				
	facility failed to ens A, B) had no substa Carolina Health Ca upon hire. [Refer to	ews and record reviews, the ure 2 of 5 sampled staff (Staff antiated findings on the North re Personnel Registry (HCPR) Tag D0137, 10A NCAC 13F staff Qualifications (Type B				
	interviews, the facil physician's orders f (#1, #3, #5, #6 and checks (#1); finger #3, #5, #6 and #7);	rations, record reviews, and ity failed to implement or 5 of 5 sampled residents #7) related to blood pressure stick blood sugars checks (#1, and weekly weights (#3).				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NI		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL073010		B. WING	B. WING		
	PROVIDER OR SUPPLIER HEIGHTS ASSISTED I	LIVING	2065 CHU	DRESS, CITY, S IB LAKE ROA O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCII MUST BE PRECEDED BY SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 176	Health Care (Type 8. Based on observereviews, the facility doors had a soundi throughout the facil opened which was (#3, #7, #8, #10, #1 disoriented. [Refer .0305(h)(4) Physical Violation)].  9. Based on record facility failed to com Registry (HCPR) rephysical abuse by 8 toward multiple resund sprayed with w NCAC 13F .1205 H (Type B Violation)].  10. Based on observed reviews, the personal care to 1 or related to toenails to [Refer to Tag D026 Personal Care and VIOLATION)].  11. Based on observeiws, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors, baseboards, sills were kept clean hallway and in residual care to 1 or reviews, the facility doors are to 1 or reviews, t	B Violation)].  rations, interviews, a failed to ensure through device that was a sity when the doors waccessible to five reaccessible to five reviews and interviews and interviews and interviews and interviews, facility failed to prove facility failed to prove facility failed to prove facility failed to prove facility failed to be triaged and needed to be triaged for the failed to ensure the window blinds and mand in good repair dent rooms \$2, \$3, \$3, \$4, \$5, \$6, \$6, \$7, \$10, \$10, \$10, \$10, \$10, \$10, \$10, \$10	ee exit audible were esidents ied as CAC 13F e B  ews, the Personnel rbal and Staff D , cursed at, 438 10A nel Registry  and vide nts (#8) mmed. 0901(a) B  and record floors, window r in the S4, S5, S7, ICAC 13F. ngs	D 176			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION :		SURVEY PLETED
			7.1. 20125.1.10			R
		HAL073010	B. WING		12/	17/2024
NAME OF	PROVIDER OR SUPPLIER		ET ADDRESS, CITY,			
MAPLE	HEIGHTS ASSISTED	LIVING	CHUB LAKE RC BORO, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 176	Continued From pa	nge 70	D 176			
	upon hire. [Refer to	ackground check complete Tag D0139, 10A NCAC 13 Staff Qualifications (standar	F			
	facility failed to ens (#1) was tested upon (TB) disease in corn measures for the C Services. [Refer to	rd review and interviews, the Jure 1 of 3 sampled residen on admission for tuberculos impliance with the control commission for Health Tag D0234, 10A NCAC 131 sis Test, Medical Exam & indard deficiency)].	ts is			
	14. Based on observations, record reviews, and interviews, the facility failed to provide window coverings for privacy for resident rooms that had blinds that were damaged. [Refer to Tag D083, 10A NCAC 13F .0306(a)(9) Housekeeping And Furnishings (standard deficiency)].		ad ,			
	facility failed to pro- sheet; change a be cases on residents S6, and S7. [Refer	rvations and interviews, the vide a clean top and bottomed soil bed pad and pillow beds in resident rooms S4 to Tag D087, 10A NCAC 13 (seeping And Furnishings sy)].	,			
	record reviews, the supervision for 1 of demonstrated the r related to smoking D0270, 10A NCAC	rvations, interviews, and facility failed to provide f 1 sampled residents (#4) wheed for increased supervision his room. [Refer to Tag 13F .0901(b) Personal Cantandard deficiency)].	ion			
	interviews, the facil	rvations, record reviews an lity failed to ensure all food repared by the facility were	d			

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STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		HAL073010	B. WING		12/1	7/2024
NAME OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE H	EIGHTS ASSISTED L	IVING	B LAKE ROAD, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
	food storage and prrodent droppings or storage area; and de [Refer to Tag D0283]. Nutrition and Food 3.  18. Based on obserinterviews, the facilia ounces of milk or of servings were serveresidents. [Refer to .0904(d)(3) Nutrition deficiency)].  19. Based on obserrecord reviews, the supplements as orderesident (#8) who has supplement. [Refer .0904(e)(4) Nutrition deficiency)].  20. Based on obserinterviews, the facilia the resident's presociarification of medisampled residents (antibiotic, two supplements), a stool softened 10A NCAC 13F .100 (standard deficiency)  21. Based on obserrecord reviews, the medication adminis	ary conditions related to a dirty reparation area windowsills, a shelves and floors in the dry lirty floors in the kitchen.  3, 10A NCAC 13F .0904(a)(2) Service (standard deficiency)].  Evations, record reviews, and ity failed to ensure that 8 ther equivalent of dairy ed three times daily to the Tag D0299, 10A NCAC 13F and Food Service (standard evations, interviews, and facility failed to serve lered for 1 of 1 sampled and an order for a nutritional to Tag D0310, 10A NCAC 13F and Food Service (standard evations, record reviews, and ity failed to ensure contact with eribing practitioner for cation orders for 3 of 4 (#2, #3, #5) including an ements, eye drops, nasal her, and an anti-itch lotion er (#3). [Refer to Tag D0344, 002(a) Medication Orders	D 176			

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	OVIDER/SUPPLIER/CLIA NTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	
		D WING		F	
<u> </u>	IAL073010	B. WING		12/1	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED LIVING		B LAKE RO. O, NC 27573			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
(#3), two insulins, an anti-a a blood pressure medication inhaler and a blood pressure cholesterol medication and abnormal movements (#7) (#8); and a sleep aid (#9). 10A NCAC 13F .1004(j) MA Administration (standard down and record reviews, the fact medications left on top of a locked when not under the supervision of a medication D0378, 10A NCAC 13F .10 Storage (standard deficien 23. Based on record review facility failed to maintain a transaction involving the uspersonal funds was signed representative, or payee or resident, with two witnesses monthly verifying the accurdisbursement of personal for sampled for 4 of 4 sam #9, #14). (#3, #6, #9, #14). 10A NCAC 13F .1104 (a Acceptable Resident's Personal Funds 24. Based on record review facility failed to notify the Cosocial Services (DSS) of a required emergency medic residents (#1 and #7) who injury (#1) and a laceration [Refer to Tag D0451, 10A Reporting of Accidents and deficiency)].	on (#5); an insulin, an re medication (#6); a dia medication for ; a pain medication [Refer to Tag D0367, edication eficiency)].  vations, interviews, cility failed to ensure a medication cart were direct physical in aide. [Refer to Tag D06(b Medication cy)].  ws and interviews, the record of each se of the residents least racy of the funds and maintained pled residents (#3, #6, [Refer to Tag D0419, counting For se (standard deficiency)].  w and interviews, the county Department of in incident/accident that cal evaluation for 2 of 2 had multiple falls with a caused by a fall (#7). NCAC 13F .1212(a)	D 176			

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Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 12/1	₹ <b>7/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	INDESS CITY (	STATE, ZIP CODE	<u>, .=</u>	
		2065 CHL	JB LAKE RO	•		
MAPLE H	HEIGHTS ASSISTED I	LIVING	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG			(X5) COMPLETE DATE
D 176	Continued From page 73		D 176			
	management, oper facility were implemented health were failure to maintain of governing adult car responsibility of the included ensuring mas ordered to 9 resiprocedures not being glucometers being being maintained rebeing observed, as of the facility and condor alarms were not residents who had be residents reported be members; blood prestick blood sugar of ordered for 4 residents reported by the discontinued; and the staff who had allegated the residents. This harm and neglect would be residented to the facility provided accordance with G.  The facility provided accordance with G.  THE CORRECTION VIOLATION SHALL 2025.	railed to ensure that the rations, and policies of the nented to ensure the services ain the resident's physical and provided as evidenced by the compliance with the rules re homes, which was the Administrator. This failure medications were administered idents; infection control ng followed and residents' shared; housekeeping was not esulting in bed bugs and mice well as the overall cleanliness ontamination in the kitchen; not being monitored for five been identified as disoriented; being cursed at and hit by staff ressure monitoring and finger hecks were not being done as ents; no primary care provider to for refills on residents' a 30-day notice had been given PCP that services were being the HCPR was not notified of ations of hitting and cursing at failure resulted in serious which constitutes a Type A1  In DATE FOR THE TYPE A1  NOT EXCEED JANUARY 16,				
{D 234}	104 NCAC 13F 07	'03(a) Tuberculosis Test	{D 234}			1

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Division of Health Service Regulation STATE FORM

Medical Exam & Immunizatio

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREE	ADDRESS, CITY, S	STATE, ZIP CODE	-	
MADIE	UEIGUTO ACCICTED I	2065 (	HUB LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED L	ROXB	ORO, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 234}	Continued From page 74		{D 234}			
	Examination & Imm (a) Upon admission resident shall be tes in compliance with the by the Commission	n to an adult care home each sted for tuberculosis disease the control measures adopto for Public Health as specifion 0205 including subsequent	n e ed			
	facility failed to ensu (#1) was tested upo (TB) disease in com	et as evidenced by: view and interviews, the ure 1 of 3 sampled residents on admission for tuberculosi npliance with the control ommission for Health				
	The findings are:					
	11/05/24 revealed of falls, gait instability,	#1's current FL-2 dated diagnoses included multiple diabetes mellitus type 2 wit ertension, and hyperlipidem				
		#1's Resident Register sion dated of 02/21/23.				
	revealed: -There was a TB teand read on 10/17/20mm.	#1's immunization record st administered on 10/15/24 24; the results were read as econd TB test available for				

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	Of Fleatin Service IN				T	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
VIAD LEWIN	OF CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING:			1-0
					F	۱ ا
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AF	DRESS CITY S	STATE, ZIP CODE		
NAIVIE OI	TROVIDER OR SOLT EIER		JB LAKE RO			
MAPLE	HEIGHTS ASSISTED L	IVING				
			O, NC 27573			
(X4) ID	-	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
{D 234}	Continued From pa	ge 75	{D 234}			
(D 201)	Continued From pa	gc 73	(5 20 1)			
	review.					
	Talanhana intanjiau	wwith Decident #1's proving				
		w with Resident #1's previous				
	5:21pm revealed:	er (PCP) on 12/11/24 at				
	-She did not admini	ister TR skin tests				
		record of a TB test for				
	Resident #1.	record of a 1B tool for				
		d have been tested for TB				
	prior to being admit					
	-If Resident #1 was positive for TB, he could easily infect other residents in the facility.					
		·				
	Interview with the D revealed:	Director on 12/11/24 at 9:20am				
		ole for making sure the				
		TB tests were completed and				
		nted in their records.				
	-She did random au	udits on the records and				
	checked for TB res	ults.				
	-The TB results we	re easy to look for because				
	they had their own t					
		audit in late September 2024,				
		shed it; she still had about 10				
	to 11 resident recor	3				
		r the residents who needed				
	their first step TB do					
		eadsheet with the residents' w Resident #1 had one TB				
	done.	w Resident #1 had one 16				
		TB test done in October 2024				
		urse (RN), who gave the test				
	and then read the re					
		ly had his first step done so				
		October 2024 was his second				
	step.					
		had their TB test done in				
	October 2024 by the					
		I the TB results, she				
		residents' readings on one				

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	
		HAL073010	B. WING		R <b>12/17/2024</b>	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	<u>  12/1</u>	172024
MAPLE H	HEIGHTS ASSISTED L	IVING	B LAKE RO. D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 234}	Continued From pa	ge 76	{D 234}			
	sheet of paper and signed itShe could not find the paper with the TB results documented on them; one of the staff had moved it.					
	Interview with the Administrator on 12/16/24 at 4:20pm revealed:  -The Director was responsible for ensuring residents' TB tests were done.  -She was responsible for making sure they were documented and in the residents' records.  -He asked her if everything was done and she would tell him if there was an issue.  -There should not have been an issue with TB tests and results; they should have been done.  Based on observations, interviews, and record reviews it was determined Resident #1 was not interviewable.					
D 269	Supervision  10A NCAC 13F .09  Supervision (a) Adult care hom care to residents ac plans and attend to	01(a) Personal Care and 01 Personal Care and e staff shall provide personal according to the residents' care any other personal care by be unable to attend to for	D 269			
	reviews, the facility	ons, interviews, and record failed to provide personal care esidents (#8) related to				

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W91Y12 If continuation sheet 77 of 308

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BOILDING	·	,	₹
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	LIVING	HUB LAKE RO DRO, NC 2757:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 269	Continued From pa	age 77	D 269			
	The findings are:					
	11/08/23 revealed of encephalopathy, as weakness and considered in the considered in	t #8's Care Plan dated Resident #8 required limited coming and personal hygiene sident #8's toenails on 12/16/ed: t toenail on his right foot was, and turned upward one inch and fourth toenails on the past the end of the toes ch. th toenails on his right foot cond toenail on his left foot ha of the toe and was turned				
	Interview with Residual 1:00am revealed: -Her toenail was tuited.	dent #8 on 12/16/24 at rned up on her big toe. when she wore her shoes. a doctor to have her toenails				
	12/16/24 at 11:30au -Resident #8's toes -Resident #8 told h	s nails were "messed up".				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:	STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				A. BUILDING:	<del></del>		<b>)</b>
HAL073010 B. WING 12/17/202			HAL073010	B. WING			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	NAME OF PROVIDE	VIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED LIVING  2065 CHUB LAKE ROAD  ROXBORO, NC 27573	MAPLE HEIGHT	GHTS ASSISTED I	IVING	_			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PRÉFIX (E	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
D 269 Continued From page 78  -She tried to cut Resident #8's toenails but she could notShe told the Director about Resident #8's toenails and asked the Director to make Resident #8 an appointment with a Podiatrist; she would take Resident #8 to the appointmentShe did not remember when she asked the Director to make an appointment for Resident #8She had asked the Director several times about making an appointment for Resident #8.  Interview with a personal care aide (PCA)on 12/16/24 at 10:56am revealed: -She and the Supervisor assisted Resident #8 with her shower this morningShe did not notice Resident #8's toenails being too longShe did not cut residents' toenailsShe thought the medication aides (MA) cut the resident's toenails.  Interview with a MA on 12/17/24 at 11:15am revealed: -She had not noticed Resident #8's toenailsResident #8's family member had not said anything to her about Resident #8's toenails needing to be trimmedShe did not cut toenailsThe Podiatrist would come to the facility to cut the resident's toenailsInterview with the Supervisor on 12/16/24 at 11:41am revealed: -No one had said anything to her about Resident #8's toenailsShe assisted with Resident #8's shower this morning, but did not not toen toes the toes one the toes one in the resident's shower this morning, but did not notice her toenails.	-She could -She toena #8 an take f -She Direct -She makir Interv 12/16 -She with h -She too lo -She reside Interv revea -She -Reside toes o -Reside anyth needi -She -The the reside to -She -The the reside -She -The -The -The -The -The -The -The -T	the tried to cut Rebuld not. The told the Direct enails and asked an appointment ke Resident #8 to the did not remented to make an appoint a terview with a perche had asked the aking an appoint the had asked the aking an appoint the the shower this the did not notice to long. The did not cut resident her shower this the did not notice to long. The thought the masident's toenails. The had not notice the had not notice the had not notice the had not notice the had not cut resident #8 did not essor feet hurting. The sident #8's family thing to her about the Podiatrist would be resident's toenails. The triew with the State in the did not cut toe the Podiatrist would be resident's toenails. The assisted with the State in assisted with the state in the state in the assisted with the state in the	sident #8's toenails but she or about Resident #8's the Director to make Resident with a Podiatrist; she would the appointment. aber when she asked the appointment for Resident #8. Director several times about nent for Resident #8. sonal care aide (PCA)on a revealed: visor assisted Resident #8 s morning. Resident #8's toenails being sidents' toenails. edication aides (MA) cut the on 12/17/24 at 11:15am and Resident #8's toenails. at complain to her about her by member had not said at Resident #8's toenails and. anails. Id come to the facility to cut alis.  upervisor on 12/16/24 at anything to her about Resident Resident #8's shower this	D 269	DETIGIENCT)		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			,		F	$\langle \cdot  $
		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 79	D 269			
	Interview with the Director on 12/16/24 at 5:03pm revealed: -The MAs and PCAs should trim non-diabetic, residents' toenailsNobody had mentioned to her that Resident #8's toenails needed to be trimmedThe toenails could grow into her skin and cause a soreIt had to be painful when Resident #8 put on her shoes.					
	Telephone interview with the Administrator on 12/17/24 at 2:53pm revealed: -Someone should have reported to the Director about the shape of Resident #8's toenailsThe Podiatrist could see Resident #8Since Resident #8 was not a diabetic, the staff should be able to cut her toenailsResident #8 could not be comfortable with her toenails long and growing into her skinResident #8 had a potential for skin infections with the toenails growing into her skin.					
	Resident #8 resulting toenails, with one to end of the toe, undo that caused pain what with the potent. This failure was defined to the statement of the statem	to provide nail care to ang in long and jaggered benail that extended over the erneath the toe toward the skin men ambulating with shoes ial to cause skin breakdown. The trimental to the health and and, and constitutes a Type B				
	The facility provided	d a plan of protection 01/03/25.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
					<b>I</b>	R
		HAL073010	B. WING		12/	17/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	UB LAKE RO RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 269	Continued From pa	ge 80	D 269			
		N DATE FOR THE TYPE B . NOT EXCEED JANUARY 31	,			
D 270	10A NCAC 13F .09 Supervision	01(b) Personal Care and	D 270			
	Supervision (b) Staff shall provi	01 Personal Care and de supervision of residents in ch resident's assessed needs nt symptoms.				
	reviews, the facility for 1 of 1 sampled r	ons, interviews, and record failed to provide supervision residents (#4) who eed for increased supervision				
	The findings are:					
	09/03/14 revealed: -Residents who sm smoking areasNo smoking was a bedroomsStaff would superv neededThe facility reserve	y's Smoking Policy dated oked must use the designated llowed in the residents' ise residents who smoked as ed the right to confiscate all the resident failed to abide by				
	smoking policies who designated areas a	nich included smoking in not during designated times to or themselves or other				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	SUPPLIER/CLIA ION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL0730	10	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING		JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 270	residentsSmoking hours we -All residents who t cigarettes would rechours.  Review of Resident 11/06/23 revealed of schizoaffective disorder.  Observation of Res 12/11/24 at 8:10am -There were no res -There was a strong the roomThere were two wi -The first widow ne and there was a sc -The second windo side of the room wa was missing from tl -There where three small black marks i the windowsill of the -There were ashes sash of the second -There was a lighte package on the nig windowThe resident who r the room and close the ashes and the o -The resident used remove the yellow s the windowsill.  Observation of Res	re from 7:00 A he facility mana ceive one cigar  #4's current F diagnoses inclus rder and parar  ident #4's bedr revealed: idents in the ro g smell of cigar  ndows in the ro g smell of cigar  ndows in the ro ext to the left be reen in the wind w next to th be as open 3 inche ne window. yellow nicotine n the middle of e second windo ashes on the be nd window. and a cigarette window. r and an open htstand in front resided in the ro d the window a cigarette butt. hand sanitizer stains and blace	aged their rette every two  L-2 dated ded ded ded ded ded ded ded ded ded	D 270			

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION		ER/SUPPLIER/CLIA ICATION NUMBER:	, ,	E CONSTRUCTION		E SURVEY PLETED
ANDILAN	OF CONTROL	IDENTII	IOATION NOMBER.	A. BUILDING:			ILLILD
		HAL0	73010	B. WING			R <b>17/2024</b>
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			2065 CHU	B LAKE RO	AD		
MAPLE I	HEIGHTS ASSISTED I	LIVING		O, NC 27573			
(X4) ID	SUMMARY STA	ATEMENT OF D		ID	PROVIDER'S PLAN OF O	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRI	ECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
D 270	Continued From pa	ige 82		D 270			
	-	_					
	12/12/24 at 9:10am		igaratta amaka in				
	-There was a strong the room.	g sinell of c	igarette sirioke ili				
	There was a one-t	hird inch se	ction of round				
	cigarette ashes on						
	Resident #4's bed.						
	Review of Resident	t #1'e Rasid	ent Agreement				
	dated 07/09/19 rev		ent Agreement				
	-The smoking polic		igned by Resident				
	#4; someone else h						
	not dated.	3					
	-The policy had bee	en amended	d on 09/03/14.				
	-The policy for use	of tobacco	was under the				
	house rules.						
		oked must	use the designated				
	smoking areas.						
	-No smoking was a	allowed in th	e residence				
	bedrooms.						
	Interview with Residue	dent #4 On	12/11/24 at 8:35am				
	-He resided in resid	dent bedroo	m S2.				
	-He smoked cigare						
	-He never smoked	in his room					
	-He was not allowe	d to smoke	in his room.				
	-He only smoked w						
	smoke; outside on						
	-His room smelled						
	he smoked and it [t						
	-Sometimes he put						
	cigarette package a	and prought	triem inside to				
	throw away. -He also brought a	named resi	dent's cigaratta				
	butts inside to throw						
	cigarette butts into						
	-There were cigare						
	because when he b						
	inside and threw th						
	-There were no ask						

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU			E CONSTRUCTION		SURVEY PLETED
				A. BUILDING.			R
		HAL073010		B. WING			17/2024
NAME OF PRO	OVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HE	IGHTS ASSISTED L	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
ju	nere when he move the took the other relief them out. There was a place way cigarette butts the did not know woutts while he was conterview with Resident was commate smoked and smoking area. Resident #4 was comes by staff. Resident #4 took conterview with a reserview with a reserview with a reserview with a reservied and smoking area. Resident #4 took conterview with a per 2/11/24 at 8:45am She never smelled from. She had not notice was in his room that she thought both the resident bedroom in the review with a secretary with a	nins on the windowsied into the room. residents' cigarette be outside on the porces away. The hybrid	outts to th to throw away the on ever seen t #4 in the s room two other tter. ke e smell tA) on #4's when she sided in	D 270			

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Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL073010	B. WING			` 7/2024
			1		, , , , , ,	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPIFI	HEIGHTS ASSISTED L	IVING	IB LAKE RO			
,		ROXBOR	O, NC 27573	3		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGOLATORT OR E	OCIDENTII TING INI ONWATION)	TAG	DEFICIENCY)	MAIL	5,112
D 270	Continued From pa	ge 84	D 270			
	the alarm would not	t sound.				
		nt him smoking in his room, but				
		strong smell of cigarette				
	smoke in his room					
		ed him when she smelled the				
	•	it he told her he did not smoke				
	in his room.					
	-He picked up cigar	ette butts while outside to				
	smoke them later.					
	-She tried to get the	e cigarette butts away from				
	him when she knew he had them.					
	Interview with a me	dication aide (MA) on				
	12/13/24 at 9:35am					
		nt Resident #4 smoking in his				
		dered if he did because she				
	could smell the ciga					
		vhen she could not finish a				
		d extinguish it and leave the				
		if Resident #4 went outside				
		ne short butt would disappear.				
		n about the cigarette butts she				
	threw it away.	eny taking them and say he				
	,	ver her when she asked him				
	why he threw it awa					
		ught the cigarette butts inside				
	the facility and flush					
		e not allowed to keep any form				
		rooms, including cigarette				
	butts.	, 3 3				
	-Residents were iss	sued cigarettes at scheduled				
	smoking times.	<b>G</b>				
		ashes in his room or the				
	window open.					
		ed any of her suspicions to				
		e had not seen him do				
	anything.					
		e not allowed to smoke inside				
	the facility.					

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STATE FORM 6899 W91Y12 If continuation sheet 85 of 308

MALO73010   B. WING		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MAPLE HEIGHTS ASSISTED LIVING  (A4) ID PREFIX (CA4) ID PREFIX TAG  (BACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (BACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (BACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DATE)  D 270  Continued From page 85  D 270  Interview with the Supervisor on 12/16/24 at 11:30am revealed: -Residents were not allowed to smoke inside the facilityResidents were not allowed to smoke inside the facilityResident fan just his clothes like he claimedShe had not looked in his room for cigarettes or ashesShe had not noticed the missing window screen or the opened windowShe thought at one time the Administrator had spoken to Resident #4 about not smoking in his room.  Interview with the Director on 12/11/24 at 8:40am revealed: -She had never seen Resident #4 smoking in his roomShe suspected he was smoking in his room because she could smell it but, she had never caught him smokingShe questioned him about it smeltime in August 20/24, but he denied smoking in his roomStaff said they could smell smoke in his room; they had not said it was at any certain time of the dayShe had given Resident #4 a verbal warning about smoking in his room in August 20/24 when she questioned him about the smellResidents could smoke on the side porches of			HAL073010	B. WING			
MAPLE HEIGHTS ASSISTED LIVING   CALL	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  D 270  Continued From page 85  Interview with the Supervisor on 12/16/24 at 11:30am revealed: -Residents were not allowed to smoke inside the facilityResident were not allowed to smoke inside the facilityResidents were not allowed to smoke inside the facilityResident were not selected by the facility of the selected by the facilityResident were not allowed to smoke inside the facilityResident were not allowed to smoke inside the facilityResident were not allowed to smoke inside the facilityResident were not selected by the facility of the facility of the facility of the selected by the facility of	MADIEL	JEIGUTS ASSISTED I	2065 CHU	IB LAKE RO	AD		
PRÉFIX TAG    CEACH OBFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PRÉFIX TAG   CROSS-REFERENCED TO THE APPROPRIATE   CAMMETE DATE	WAPLE	TEIGHTS ASSISTED I	ROXBOR	O, NC 27573	3		
Interview with the Supervisor on 12/16/24 at 11:30am revealed: -Residents were not allowed to smoke inside the facilityResidents were not allowed to smoke inside the facilityResidents were not allowed to smoke at timesHe denied smoking in his roomThe smell of cigarette smoke in his room was stronger than just his clothes like he claimedShe had not looked in his room for cigarettes or ashesShe had not noticed the missing window screen or the opened windowShe thought at one time the Administrator had spoken to Resident #4 about not smoking in his room.  Interview with the Director on 12/11/24 at 8:40am revealed: -She had smelled cigarette smoke in Resident #4's roomShe had never seen Resident #4 smoking in his roomShe had never seen Resident #4 smoking in his roomShe suspected he was smoking in his room because she could smell it but, she had never caught him smokingShe questioned him about it sometime in August 2024, but he denied smoking in his room; they had not said it was at any certain time of the dayShe had given Resident #4 a verbal warning about smoking in his room in August 2024 when she questioned him about the smellResidents could smoke on the side porches of	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
11:30am revealed: Residents were not allowed to smoke inside the facility. Resident #4's room smelled like cigarette smoke at times. He denied smoking in his room. The smell of cigarette smoke in his room was stronger than just his clothes like he claimed. She had not looked in his room for cigarettes or ashes. She had not noticed the missing window screen or the opened window. She thought at one time the Administrator had spoken to Resident #4 about not smoking in his room.  Interview with the Director on 12/11/24 at 8:40am revealed: She had smelled cigarette smoke in Resident #4's room. She had never seen Resident #4 smoking in his room. She had never seen Resident #4 smoking in his room because she could smell it but, she had never caught him smoking. She questioned him about it sometime in August 2024, but he denied smoking in his room. Staff said they could smell smoke in his room; they had not said it was at any certain time of the day. She had given Resident #4 a verbal warning about smoking in his room in August 2024 when she questioned him about the smell. Residents could smoke on the side porches of	D 270	Continued From pa	nge 85	D 270			
6:00pmResidents were not allowed to keep cigarettes at any time; the staff gave residents their cigarettes		Interview with the S 11:30am revealed: -Residents were not facilityResident #4's room at timesHe denied smokingThe smell of cigare stronger than just head not looked ashesShe had not notice or the opened windShe thought at one spoken to Resident room.  Interview with the Enterview w	Supervisor on 12/16/24 at of allowed to smoke inside the m smelled like cigarette smoke g in his room. The ette smoke in his room was his clothes like he claimed. In his room for cigarettes or ed the missing window screen low. The etime the Administrator had the about not smoking in his cligarette smoke in Resident the Resident #4 smoking in his was smoking in his room smell it but, she had never g. In about it sometime in August dismoking in his room, was at any certain time of the sident #4 a verbal warning is room in August 2024 when a about the smell. The moke on the side porches of fulled times from 8:00am to of allowed to keep cigarettes at one of the sident #4 a verbal warning is room in August 2024 when a about the smell.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 270	Continued From pa	ge 86	D 270			
	at the scheduled sn	noking times.				
	9:10am revealed: -He thought Reside roomHe could smell the #4's roomHe saw the ashes bed on 12/12/24He saw the screen removed; probably throwing the butts of smoked in his room -Resident #4 denied askedSmoking was not a -The residents had not allowed to have	allowed in the facility. to smoke outside and were cigarettes on them. ent #4 about not smoking in				
{D 276}	10A NCAC 13F .09	02(c)(3-4) Health Care	{D 276}			
	10A NCAC 13F .09 (c) The facility shall following in the resi (3) written procedur a physician or other and (4) implementation orders specified in Rule.	02 Health Care assure documentation of the dent's record: res, treatments or orders from r licensed health professional; of procedures, treatments or Subparagraph (c)(3) of this et as evidenced by: TYPE A2 VIOLATION on was abated,				

6899

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	COMPLETED		
		HAL073010	B. WING		F 12/1	R 7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276}	Continued From pa	ge 87	{D 276}			
	THIS IS A TYPE B	VIOLATION.				
	interviews, the facili physician's orders f (#1, #3, #5, #6 and checks (#1); finger	ons, record reviews, and ity failed to implement or 5 of 5 sampled residents #7) related to blood pressure stick blood sugars checks (#1, and weekly weights (#3).				
	The findings are:					
	1. Review of Resident #3's current FL-2 dated 11/06/23 revealed diagnoses included schizophrenia, mild retardation, diabetes mellitus type 2, and hypertension.					
	<ul> <li>a. Review of Resident #3's physician's order dated 10/22/24 revealed:</li> <li>-There was an order for weekly weights, document on the medication administration record (MAR).</li> <li>-Encourage [resident] to switch to diet soda rather than sugary sodas and drinks.</li> </ul>					
	revealed: -There was a handweights, document 8:00amThere was a long a 10/01/24 to 10/23/2	#3's MAR for October 2024 written entry for weekly on the MAR, scheduled at arrow drawn through the dates 4. else documented on the MAR				
	December 2024 ele	rd (eMAR) revealed there was				

DIVISION	of Health Service Re	egulation	,			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAI 072040	B. WING			
		HAL073010			<u>12/1</u>	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	JB LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED L	IVING	O, NC 27573			
	OUR MAN DV OTA		1			
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
		,		DEFICIENCY)		
(D. 070)	0 " 1=		(5.070)			
{D 276}	Continued From pa	ge 88	{D 276}			
	Review of Resident	: #3's monthly weight log from				
		ovember 2024 revealed:				
	-The log was for on					
		olumns; the first column was				
		second for documenting the				
		e pounds lost or gained within				
		rth for pounds lost or gained				
		d the fifth for percentage of				
		, 0				
	weight lost or gaine					
		n the bottom of the log				
		te a plus for weight gain and a				
	minus for weight los					
		ctions to determine the amount				
		viding the number of pounds				
	gained or lost by the					
		ocumented as weighing 260				
		2024 and 248 pounds in				
	October and Noven					
		mented weight on the weight				
		d a 3 percent weight loss from				
	November 2024 to					
		documented to indicate what				
		e weights were taken and				
	there was only one	date per month.				
		ident #3 on 12/12/24 at				
	10:52am revealed:					
		storage room and weighed by				
		e Supervisor in a weight chair.				
	-His weight was 24	1 pounds.				
		v with Resident #3's former				
		er (PCP) on 12/12/24 at				
	1:05pm revealed:					
		rdered weekly weights				
		ined weight due to a				
	medication he was					
	-There were no par	ameters with Resident #3's				
	weekly weight orde					
		medications might need to be				

Division of Health Service Regulation

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COIVIE	LETED
			D WING		R	
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
МДРІБІ	HEIGHTS ASSISTED I	IVING	HUB LAKE RO			
WALLE I	ILIGITIO AGGIOTED I	ROXB	ORO, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 276}	Continued From pa	ige 89	{D 276}			
	changed due to his -He was encourage sodas and to hopef -His weight was a c multiple comorbiditi -Resident #3 had m combination of hea blood pressure, hig cholesterol levels a -Her expectation wa weighed once a we documented correct monitored for a trenIf there was a trend would need to be no Interview with Resid 1:45am revealed: -Staff used to weigh him anymoreHe did not know how weigh himHe did not know th what his weight was Interview with the m	weight gain.  ed to cut back on his sugary fully have some weight loss. concern because he had lies including diabetes. Inetabolic syndrome (a lith conditions including high high blood sugar, abnormal and excess belly fat). It is as for Resident #3 to be let and for the weight to be let you his weight could be like weight gain the PCP otified by the facility.  In him, but they did not weight him, but they did not weight let last time he was weighed in the last time he was w	n do			
	weight chair.	now to work the scales on th	е			
	-The Director weigh -She did not see we eMAR.	ned the residents. eights for Resident #3 on the				
	9:25am revealed: -The MAs weighed part of their monthly-Some of the reside	the residents twice monthly y vitals.  ents' weights were in the ere written on a piece of par				

she gave to the Director.

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CORRECTION	IDENTIFICATION NUMBER:			I COMPL	LETED
		A. BUILDING:			
HAL073010		B. WING		R 12/1	7/2024
/IDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CUTO ACCICTED I	1VING 2065 CHU	B LAKE RO	AD		
31113 A33131ED E	ROXBOR	O, NC 27573	3		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
ntinued From pag	ge 90	{D 276}			
-None of the residents had were weighed weekly.					
:20am revealed: esidents weights is a physician's or ome of the of the ecked when their he MAs weighed is eir weights. he weights were cook; each resident eir weights. erview with the D :50am revealed: he had to move the orage room to weighte and the MAs we the of every month he weights came als for the resider one of the resider	were only taken when there rder for them. residents' weights were monthly vitals were taken. the residents and documented documented and kept in a had their own sheet to log irector on 12/12/254 at the weight chair out of the igh the residents. Weighed the residents on the law on the eMAR with the ints with an order for them. Ints had orders for weights				
vealed: the knew Resident sights. onthly weights we pt in a weight boo the was not aware tekly weights writt the did not know the cumenting the we the knew the PCP for diet sodas so I not see the part	t #3 had an order for monthly ere documented on a log and ok. e Resident #3 had an order for ten on 10/22/24. the order also requested eekly weights on the eMAR. wrote an order for Resident metime in October 2024; she about the weekly weights or				
The second of the contract of	SUMMARY STA' (EACH DEFICIENCY REGULATORY OR LS) Intinued From page one of the resider erview with the D 20am revealed: esidents weights a physician's or one of the of the ecked when their weights. The weights were door one of the resident ir weights. The weights were door of the resident ir weights. The weights were and the MAs who fevery month are weights came also for the resident one of the resident refrequently that the weights weights came and the MAs with the Dealed: The weights came are weights weights weights weights. The weights weight weights written a weight boom to a ware each weight of the part to the part	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 90  One of the residents had were weighed weekly.  Priview with the Director on 12/11/24 at 20am revealed: Priview serights were only taken when there is a physician's order for them.  One of the of the residents' weights were eached when their monthly vitals were taken.  One weights were documented and kept in a lock; each resident had their own sheet to log in weights.  Perview with the Director on 12/12/254 at 50am revealed:  One had to move the weight chair out of the rage room to weigh the residents.  One and the MAs weighed the residents on the hof every month.  One weights came up on the eMAR with the lass for the residents with an order for them.  One of the residents had orders for weights re frequently than once a month.  Perview with the Director on 12/12/24 at 3:15pm ealed:  One of the Resident #3 had an order for monthly the knew Resident #3 had an order for monthly are knew Resident #3 had an order for monthly the knew Resident #3 had an order for monthly the calculations in the sum or t	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 90  Intinued From pag	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 90  One of the residents had were weighed weekly.  Perview with the Director on 12/11/24 at 20am revealed:  Insidents weights were only taken when there is a physician's order for them.  Interview with the Director on 12/11/254 at 30k; each resident had their own sheet to log ir weights.  Perview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 50am revealed:  Interview with the Director on 12/12/254 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Director on 12/12/24 at 3:15pm ealed:  Interview with the Dire	SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  TAG  PREFIX  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTIONS SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  Intinued From page 90  The of the residents had were weighed weekly.  Berview with the Director on 12/11/24 at 20am revealed:  The weights were only taken when there is a physician's order for them.  The office of the residents weights were excluded when their monthly vitals were taken.  The weights were documented and kept in a lock; each resident weight, are weight chair out of the rage room to weigh the residents.  The weights were up on the eMAR with the lis for the residents with an order for them.  The weights came up on the eMAR with the lis for the residents with an order for them.  The weights were documented on a log and the weekly weights on the lead of the resident #3 had an order for monthly ghts.  The work weight chair out of the residents with an order for monthly ghts.  The weight swere documented on a log and the weekly weights on the WAR.  The weight swere documented on a log and the weekly weights on the WAR.  The weight swere documented on a log and the weekly weights on the WAR.  The weight swere documented on a log and the weekly weights on the WAR.  The weight swere documented on a log and the weekly weights on the WAR.  The weight swere documented on a log and the weekly weights on the WAR.  The weight swere weight chair out of the resident for diet sodas sometime in October 2024; she not see the part about the weekly weights or summenting on the eWAR.

Division of Health Service Regulation

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
· — •••			A. BUILDING:			
		HAL073010	B. WING		R 12/17/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	IB LAKE RO			
		ROXBOR	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276}	Continued From pa	ge 91	{D 276}			
(D 210)	pharmacyShe was responsite weight order on the -The weekly weight being done because themThe MAs could we had trained them or but she usually did doneShe was responsite weights were done -She would start the 12/12/24.  Interview with the A 4:20pm revealed: - He did not review Director was responsite physicians' orders frow changesIt was her responsimake sure new ord doneHe asked the Direct done and she would issuesHe was not aware for Resident #3The Director shoul weekly weights wer without delay.	ole for placing the weekly eMAR. Is for Resident #3 were not the she did not know about sigh residents, because she in how to use the chair scale, them to make sure they were ole for ensuring the weekly for Resident #3. It weekly weights today, dministrator on 12/16/24 at physicians' orders; the insible for reviewing all or new orders or order sibility to follow through and ers or changes in orders were outer if everything was being did tell him if there were any weekly weights were not done did have ensured Resident #3's the started that day or the next wave been followed per the	[0 210]			
	11/06/23 revealed t	ent #3's current FL-2 dated here was an order for sliding our times daily based on ugar (FSBS) results.				

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Division	of Health Service Re	egulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		R <b>12/17/2024</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	IB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276}	Continued From pa	ge 92	{D 276}			
	revealed: -There was an entry prior to giving any/a weekly scheduled a and 8:00pmThe entry was doc times daily but there on the front or back-There was a secon FSBS before meals 7:30am, 11:30am, 4-The second entry completed four times	y to check and record FSBS all insulin; fax results to PCP at 7:30am, 11:30am, 4:30am remember as completed four e were no results documented to of the MAR. Indentry to check and record and at bedtime scheduled at 4:30am and 8:00pm.  Was documented as es daily but there were no don the front or back of the				
	PCP on 12/12/24 at He had an order for The SSI required a administer the correct The FSBS was parable. She expected the I documented so the trends and to adjust Interview with Residual He had his "finger sugar"; the MAs chand at bedtime.  They used to forget the time now.  He did not know he would forget to do a Sometimes he got	or SSI four times a day.  a FSBS result in order to ect amount of insulin. rt of the SSI order. FSBS results to be PCP could review them for it the SSI if needed.  dent #3 on 12/11/24 at stuck all day long to check his ecked his FSBS with meals et to check it, but they did it all ow long ago it was when they				
	-He did not know he would forget to do a -Sometimes he got finger.	a FSBS check.				

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Division	of Health Service Re	egulation				
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		R 12/17/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276}	Continued From pa	ge 93	{D 276}			
	Interview with a MA revealed: -Resident #3's FSB documented on the because there was -She did not write reshe would write his paper and place it in paper was goneThere was nowher insulin she would at MAR eitherShe told the Direct no where to document on but Interview with the Direct no document on but Interview with the Direct no document on but Interview with the Direct no where to document on but Interview with the Direct no where to document on but Interview with the Direct no where to document on but Interview with the Direct no where to document on but Interview with the grand switched to eleadministration reco 2024The MAs were sup #3's FSBS results of -She was sure the Interview sure the Interview Resident in the back of the MAR tompleteShe did not know with the back of the MAR completeShe did not know with the back of the MAR supposed to be doi	A on 12/13/24 at 9:25am  So checks were not MAR in October 2024 nowhere to document them. esults on the MAR. In Solve the next day the management of a book; the next day the management of the management of the management of the solve the form of the management of				

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Division of Health Service Regulation STATE FORM

12/17/24 at 2:42pm revealed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STR	EET ADDRESS, CITY, S	STATE, ZIP CODE		
MADIE	HEIGHTS ASSISTED L	IVING 206	5 CHUB LAKE ROA	AD		
WAPLE	neights Assisted i	RO	XBORO, NC 27573	}		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	readings on the back MAR when it was on the expected the M readings somewhere should have created. The PCP would not medications for the FSBS readings werelf the FSBS reading how could he determined.  2. Review of Reside 02/21/24 revealed of vascular accident, of diabetes.  a. Review of Reside Review of Reside 1.	As to document the FSB re; if not on the MAR, the d a form.  It know how to manage residents if there were not e not documented.  gs were not documented mine the FSBS readings ent #1's current FL-2 date diagnoses included cereb coronary heart disease, a ent #1's signed physician	sper S y then were ed ral and			
	orders dated 02/21/order to check and twice daily.  Review of Resident medication adminis 10/10/24 to 10/31/2-There was an entry twice daily schedule-There was docume checked twice daily and on 10/30/24; ar at 8:00am; but there documentedThere was no documented.	/24 revealed there was ar record blood pressure (B #1's October 2024 stration record (MAR) from 4 revealed: y to check and record BP ed at 8:00am and 8:00pm entation Resident #1's BF from 10/10/24 to 10/28/2 and on 10/29/24 and 10/31 e were no BP readings sumentation Resident #1's 1/29/24 and 10/31/24 at was blank.	P)			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		1141.070046		B WING			₹
		HAL073010		1		12/1	17/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	LIVING		IB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEI MUST BE PRECEDEI SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 276}	Continued From page 95			{D 276}			
	-She signed her init checked Resident # -There was nowher BP readings. -She had not spoke to document Reside	#1's BP. re to document R en to the Director	esident #1's about where				
	Interview with another MA on 12/13/24 at 8:06am revealed: -Resident #1's BP checks were not documented on the MAR in October 2024 because there was nowhere to document themShe did not write results on the MARShe would write the blood sugar readings on a piece of paper and throw the paper in the trash; it was not a legal formShe told the Director in October 2024 there was nowhere to document the BP readingsThe Director notified the pharmacy and asked for a form to record the BP readings on, but no form was received.						
	Telephone interview facility's contracted 2:36pm revealed: -The pharmacy did MAR for Resident # to the MAR screenIt was the facility's check onto the MAI -The pharmacy only MAR.  Interview with the D	pharmacy on 12, not enter a BP cl f1; the data would responsibility to 6 R. y entered medica	/11/24 at heck onto the d not transfer enter the BP tions onto the				
	revealed: -The MAs were sup #1's BP readings or -The MAs had beer Resident #1's BP or until the computers	oposed to document the back of the natructed to do not the back of the	ent Resident MAR. cument paper MARs				

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STATE FORM 6899 W91Y12 If continuation sheet 96 of 308

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		12/1	₹ <b>7/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	LIVING	JB LAKE RO. 30, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276}	Continued From pa	age 96	{D 276}			
	the MA just did not -She told the MAS to back of the MAR to completeShe did not know we the resultsShe had not review she thought the MA supposed to be doi -The PCP would no medications if there reviewShe could add a pl documented on the -She did not know se	ot know how to adjust e were no BP readings to place for the BP readings to be				
	Telephone interview with the Administrator on 12/17/24 at 2:42pm revealed: -The MAs should have documented the BP readings on the back of the October 2024 paper MAR when it was obtainedHe expected the MAs to document the BP readings somewhere; if not on the MAR, they should have created a formThe PCP would not know how to manage medications for the residents if there were no BP readings documentedIf the BP readings were not documented, how could it be determined the BP readings were obtained.  Attempted telephone interviews with Resident #1's primary care provider (PCP) on 12/13/24 at 10:09am and on 12/16/24 at 9:00am were unsuccessful.					

Division of Health Service Regulation STATE FORM

Based on observations, interviews, and record

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
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NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	JB LAKE RO			
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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(D 070)	O	07	(D 070)			
{D 276}	Continued From pa	ge 97	{D 276}			
	reviews it was deter	rmined Resident #1 was not				
	interviewable.					
		ent #1's signed physician				
		24 revealed there was an				
		record fingerstick blood				
	sugars (FSBS) beto	ore meals and at bedtime.				
	Povious of Posidont	#1's October 2024 MAR from				
	10/10/24 to 10/31/2					
		y to check and record FSBS				
		als and at bedtime scheduled				
		n, 4:30pm and 8:00pm.				
		entation Resident #1's FSBS				
		times daily before meals and				
		/10/24 to 10/30/24; and on				
	10/31/24 at 7:30am	, 11:30am, and 4:30pm, but				
	there was no FSBS	readings documented.				
		umentation the FSBS was				
		24 at 8:00pm; the MAR was				
	blank.					
	1	40/40/04 - 4.0.00				
		on 12/13/24 at 8:06am				
	revealed: -Resident #1's FSB	S chacks were not				
		MAR in October 2024				
		nowhere to document them.				
		SBS readings results on the				
	MAR.	220 roadings roodite on the				
		e FSBS readings on a piece of				
	paper and threw the paper in the trash; it was not					
	a legal form.					
		or in October 2024 there was				
		ent the FSBS readings.				
		ed the pharmacy and asked for				
		FSBS readings on, but no				
	form was received.					
	Interview with the D	irector on 12/16/24 at 5:03nm				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATIO		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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		HAL07301	0	B. WING		12/1	17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	-IVING		B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE  MUST BE PRECEDE  SC IDENTIFYING INF	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 276}	Continued From para-The MAs were supplied with the MAs had been Resident #1's FSBS MARs until the complete.  She was sure the lithe MA just did not she told the MAs to the back of the MAI complete.  She did not know with the back of the MAI complete.  She did not know with the main the main term of the PCP would not medications if there review.  She could add a plus be documented on she did not know sith the FSBS to be do paper MAR.  Telephone interview 12/17/24 at 2:42pm.  The MAs should have readings on the back MAR when it was only the expected the Main readings somewhere should have created. The PCP would not medications for the FSBS readings to religible for the FSBS	posed to docume on the back of instructed to do readings on the puters were up SBS readings were document the reso write the FSBS R to show proof why the MAs did wed the October as were doing what know how to a sewere no FSBS the eMAR. She needed to accumented on the work of the Octobe btained. It is not on the state of the Octobe btained. It is not on the state of the octobe btained. It is not on the state of the octobe btained. It is not on the state of the octobe btained of the octobe btained. It is not on the state of the octobe btained of the octobe btained of the octobe btained of the octobe btained. It is not on the state of the octobe btained of the october of the o	the MAR. cument e back of the and running. were done, but eadings. S readings on they were not document 2024 MARs; nat they were djust readings to dd a place for e front of the istrator on d the FSBS r 2024 paper the FSBS MAR, they nanage e were no umented, how adings were	{D 276}			

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 99 of 308

	IT OF DEFICIENCIES		(VO) MULTIPL	E CONCEDUCTION	(V2) DATE	CLIDVEV
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIEI	HEIGHTS ASSISTED L	1VING 2065 CHU	JB LAKE RO	AD		
WAFEE	ILIGITIO AGGIGILD I	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276}	Continued From pa	ge 99	{D 276}			
	12/16/24 at 9:00am	24 at 10:09am and on were unsuccessful.				
		ons, interviews, and record rmined Resident #1 was not				
	09/21/24 revealed: -Diagnosis included -There was an orde fingerstick blood su	ent #5's current FL-2 dated I diabetes mellitus. er to check and record gar (FSBS) readings before isulin (insulin was scheduled				
	Review of Resident #5's October 2024 medication administration record (MAR) from 10/10/24 to 10/31/24 revealed: -There was an entry to check and record FSBS readings before meals and at bedtimeThere was documentation Resident #5's FSBS was checked four times daily from 10/01/24 to 10/30/24 but there were no FSBS readings documentedThere was no documentation Resident #5's FSBS was checked on 10/31/24 at 7:30am, 11:30am. 4:30pm and 7:30pm; the MAR was blank.					
	Interview with Resident #5 on 12/12/24 at 11:25am revealed: -The medication aides (MA) checked her FSBS several times a day; she was not sure how oftenShe did not know what her FSBS readings were or if the MAs wrote them down anywhere.					
	#5's primary care p	ne interviews with Resident rovider (PCP) on 12/13/24 at 1/16/24 at 9:00am were				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUF		l ` ′	E CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
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		HAL073010	)	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED	LIVING		JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEDEN SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 276}	Continued From pa	age 100		{D 276}			
	4. Review of Resident #6's current FL-2 dated 05/17/24 revealed diagnosis included diabetes mellitus.						
	Review of Resident #6's signed physician orders dated 05/17/24 revealed there was an order for fingerstick blood sugar (FSBS) checks before meals and at bedtime.						
	Review of Resident #6's October 2024 medication administration record (MAR) from 10/10/24 to 10/31/24 revealed: -There was an entry to check FSBS readings before meals and at bedtime scheduled at 7:30am, 11:30am. 4:30pm and 7:30pmThere was documentation Resident #6's FSBS was checked four times daily from 10/01/24 to 10/30/24 but there were no FSBS readings documented.						
	-There was no doc FSBS was checked 11:30am. 4:30pm a blank.	d on 10/31/24 at 7	7:30am,				
	Interview with Residual 1:35am revealed: -The medication aid four times a daySometimes he recoding FSBS readings	de (MA) checked	his FSBS				
	Interview with a MA revealed: -She did not realize Resident #6's MAR readingsResident #6's FSE documented on the -She thought the FS	e there was nowho to document his BS readings shoul MAR.	ere on FSBS				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE :	
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		HAL073010	B. WING			7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	IB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 276}	Continued From pa	ge 101	{D 276}			
	documented on the -She forgot to documented the back of the MAR	ment the FSBS readings on				
	#6's primary care p	ne interviews with Resident rovider (PCP) on 12/13/24 at 1/16/24 at 9:00am were				
	5. Review of Resident #7's current FL-2 dated 07/25/24 revealed diagnoses included diabetes mellitus type 2.					
	dated 07/25/24 reve	#7's signed physician orders ealed there was an order for gar (FSBS)checks daily.				
	Review of Resident #7's October 2024 medication administration record (MAR) from 10/10/24 to 10/31/24 revealed: -There was an entry for FSBS checks every morning with a scheduled time of 7:30amThere was documentation FSBS checks were done each morning from 10/10/24 to 10/31/24 but there were no FSBS readings documented.					
	#7's primary care p	ne interviews with Resident rovider (PCP) on 12/13/24 at 1/16/24 at 9:00am were				
		ons, interviews, and record rmined Resident #7 was not				
	revealed: -Resident's FSBS c	checks were not documented				

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nowhere to document them.

Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	IUB LAKE RO			
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{D 276}	Continued From pa	age 102	{D 276}			
	MARShe would write the paper and threw the a legal formShe told the Direct nowhere to documeThe Director notifica a form to record the form was received.  Interview with the Direct nowhere to documeThe Mas were supresidents' FSBS read nowhere supresidents' FSBS read nowhereThe Mas had been document FSBS read nowhereShe was sure the late the Majust did not she told the Mas to the back of the Mal completeShe did not know the resultsShe had not review she thought the Masupposed to be doinged in the reviewThe PCP would now medications if there reviewThe pcp would add a plate of the masure of the pcp would now medications if there reviewThe pcp would add a plate of the pcp would add a plate of the pcp would now medications if there reviewThe pcp would add a plate of the pcp would add a plate of the pcp would now medications if there reviewThe pcp would add a plate of the pcp would add a plate of the pcp would now medications in the pcp would now medications in the pcp would add a plate of the pcp would now medications in the pcp would not the pcp would now medications in the pcp would not the pcp would now medications in the pcp would now medications in the pcp would not	Director on 12/16/24 at 5:03pm opposed to document on the adings on the back of the instructed to document to adings on the back of the puters were up and running. FSBS readings were done, but document the readings. To write the FSBS readings on the show proof they were why the MAs did not document wed the October 2024 MARs; as were doing what they were ing. To those work to adjust the were no FSBS readings to the eMAR.	t DF			
		ave documented the FSBS				

MAR when it was obtained.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		l l	R <b>17/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	•	
MAPLE I	HEIGHTS ASSISTED L	IVING	UB LAKE RO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 276}	-He expected the M readings somewher should have created. The PCP would not medications for the FSBS readings to realif the FSBS reading how could it be determined.  The facility failed to residents who had and at bedtime (#1, scale insulin order to the FSBS reading; history of hypertens to obtain BP reading obtained (#1); and a percent weight loss 12/12/24, and week. This failure of the fahealth, safety, and week. The facility provided accordance with G. CORRECTION DATES.	IAs to document the FSBS re; if not on the MAR, they d a form. It know how to manage residents if there were no eview.  If gs were not documented, there ermined the FSBS readings remained the FSBS readings remained the FSBS checks before meals at 3, #5, and #7) with a sliding to be administered based on one resident, who had a sion and stroke with an order gs twice daily that were not a resident who had a 3 from November 2024 to a cility was detrimental to the welfare or the residents which		BENGLINOTY		
D 277	10A NCAC 13F .09 10A NCAC 13F .09	. ,	D 277			
	physician or physici	hall apply to the resident's ian service: the resident's responsible				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	B LAKE RO			
	018444574074		O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 277	Continued From pa	ge 104	D 277			
	physician service to (2) When the resid care of the chosen the facility shall ass made with the resid choosing and secur physician service w	owed to choose a physician or attend the resident. In the cannot remain under the physician or physician service, the cure that arrangements are lent or responsible person for ring another physician or within 45 days or prior to the plan as required in Rule .0802				
	This Rule is not met as evidenced by: TYPE A2 VIOLATION  Based on observations, interviews and record reviews, the facility failed to coordinate services with a new primary care provider (PCP) in a timely manner for 21 of 22 residents after the previous PCP had provided a 30-day notice to the facility of the termination of physician services.					
	The findings are:					
	Review of the notific physician services of primary care provided revealed:  -The physician services during the best primary telepheal determined an in-per-providers would be respond to any urgest this notice.	cation letter to terminate from the facility's former er (PCP) dated 10/31/24 vices would be discontinued on e 30-day notice period would the unless the provider erson visit was required. e available to the facility to ent care needs 30 days from				
		vs with the Director of Clinical acility's former PCP's office on				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SI		1 ' '	E CONSTRUCTION		SURVEY PLETED
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		HAL07301	10	B. WING		<b>I</b>	R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPIFI	HEIGHTS ASSISTED I	IVING		IB LAKE RO			
	ILIGITIO AGGIGTED		ROXBOR	O, NC 27573	3		,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICI Y MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETE DATE	
D 277	Continued From part 12/12/24 at 2:20pm - The facility staff we that their services we - The facility was givered before their work with the facility facility was given at - In mid-November at transmission that perform the work with the facility was given at - In mid-November at transmission that perform the ware address on Thanksgiving I were sent in.  - He wanted the rest technically the residuality has a facility for one month were out of "right nover experience on 11/04/24, she content to inquire which services; she left a receive a return tele-On 11/07/24, she con 11/07/24, she content in the facility (ALF) to inquire who provided left a message, but telephone call.  - On 11/21/24, she conquire if there was provide services to	a and 3:27pm reere notified in Overe being stopperen a 30-day nonedications that reservices stoppey to resolve the mple notice.  2024, they receives rescriptions were sed.  Day, thirty-four poidents taken calcents were no long that the provided their message, but see the provided their message, but see the provided their message, but see the provided a local refunction of the provided and their physicial is she did not received a local provided a local provided and their physicial is she did not received a local provided a local provided and their physician available a local provided and their physician available a local provided and their physician available and local provided and local	ectober 2024 ped. Itice in writing. Ineeded to be ped, they would issue, but the lived a re needed and prescriptions and would do as the residents  en document ed: labilitation r physician she did not sisted living ed their lage, but she call. local ALF to n services; she levive a return  ovider to allable to	D 277			
	messageOn 11/26/24, she refrom the local provi						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL07301	10	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
MADIE	HEIGHTS ASSISTED L	IVING	2065 CHU	IB LAKE RO	AD		
WAPLE	neign i S ASSISTED L	LIVING	ROXBOR	O, NC 27573	}		
(X4) ID PREFIX TAG		TEMENT OF DEFICII MUST BE PRECEDI SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	(X5) COMPLETE DATE	
D 277	Continued From particles and was told they were to complete the particles and was told they were to complete the particles and was told they were to complete the particles and bring.  Review of an email provider on 11/20/2 request to see if the being the facility's particles. There were provider revealed:  -There were provider response included to complete regarding. There was no response included to complete regarding. There was no response included to complete regarding. The facility was noton former PCP.  -The facility receive PCP's provider grown agency would no loservices.  -She called the formula facility was located them to continue second local procuple of weeks agon agency with the informed the second new clients.	called a second vere accepting reperwork needed the paperwork sent by the Direct 4 at 10:10 am reprovider was incrovider.  The provider was controlled a letter from the provider provide phone of a letter from the provider was controlled was contr	esidents and for the to their office.  ector to a third evealed a nterested in  to the Director at 10:13am  and the t and a form to ormation. Director to this  0/24 at  d by their  their former 024 that the ysician  as told the ir office for at office for the contacted a the contacted a the contacted a the contacted and was the contacted and was was accepting	D 277			
		ld her to comple	ete the initial				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 107 of 308

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			72040	B. WING			R
		HAL07	73010	B. WIIVO		12/	17/2024
NAME OF PROVIDER OF	SUPPLIER				STATE, ZIP CODE		
MAPLE HEIGHTS A	SSISTED	LIVING		IB LAKE RO O, NC 27573			
PREFIX (EACH	<b>DEFICIENC</b>		FICIENCIES CEDED BY FULL G INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
ready to the she plant office tom Observat 10:00am paperwork contacted desk.  Telephon (RN) at the 12/10/24 and the complete she was in a stated the PCP for the complete she was in the property of the property of the second shought at the second shough	all the resake to the receptor of the revealed at 10:28a ctor at the receptor with a new panquiring a ctor called an an experience on the receptor of the rece	sidents' orde their office at the printed orning, 12/11. Director's of the resident's accord local /24, was on with the Relocal provider revealed: a facility calletionist. In their a few waving issues at the facility r so the responder had facility; the Datient packet also need a a signed relocation or with the relacion of the facility; the Datient packet also need a a signed relocation or with the relacion of the facility; the Datient packet also need a continuation of the facility of the relacion of the facility of the	fice on 12/10/24 at s uncompleted provider the Director's egistered Nurse er's office on ed their office and tructed to for the residents weeks ago and acquiring a new would like to work oonse time for	D 277			

Division of Health Service Regulation

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDERA	/SUPPLIER/CLIA TION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BOILDING.	<del></del>		R
		HAL073	010	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
D 2777	Continued From parenew PCP for some -She informed the would need a new including insurance recordsShe had not heard initial telephone call-She had not receive information for new Interview with the Erevealed: -The residents' information for new Interview with the Erevealed: -The residents' information for new Interview with the Erevealed: -The received a phoromatic form the second local providers are sident could be broken spoke to the Forovider's office who process for new parenew and the provider's office who process for new parenew and the provider's office who process for new parenew and the provider's office who process for new parenew and the provider's office who process for new parenew and the provider's office who process for new parenew and provider's office who provider	residents at the patient packet information and from the Direct information and from the Direct information was taken of the provider's of	ne residents completed, and medical actor since the atient packets or 11/24 at 3:39pm aken to the morning. The receptionist office stating the facility to see rovider, but the office. In a Director of the ed release for reviewed then an at the second at 4:27pm ave the release of the appropriate as received and rould need to be an appointment of the received.	D 277			

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 109 of 308

STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			,		F	2
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPIF	HEIGHTS ASSISTED I	IVING 2065 CHU	B LAKE RO	AD		
		ROXBOR	D, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 277	Continued From pa	ge 109	D 277			
	5:25pm revealed: -The residents not happened suddenlyThe facility was no retiring and was giv"We began the proThe Director was verified for the residents but names." -He had talked to o said it would be a chad contacted the set thought that one would be a chad contacted the set thought that one would be a chad if the residents second local provide attorney (POA) or go and make an appoint of the first appointment of the second local provide attorney (POA) or go and make an appointment of the second local provides attorney (POA) or go and make an appointment of the second local provides attorney (POA) or go and make an appointment of the second local provides attorney (POA) guardians we notified to have appointment of the best of his keyons provident signed the the second local provides attorney (POAs/guardians)He thought only 5 POAs/guardiansHe was not aware	tiffied that the former PCP was ren a 30-day notice. Docess to find another provider." Working on coordinating a PCP it "he probably threw out some one provider and the provider ouple of weeks so the Director second local provider, and he ould be faster.  19, 12/11/24, that the dipense been done to be seen by the ler, each resident's power of guardian would need to call interest and take the resident ment. Then the Director reached out provider but thought it was recounted by the ler and the provider but thought it was recounted by the ler and the provider but thought it was recounted by the ler and the provider but thought it was recounted by the ler and provider by the Director that as going to change. It have a POA/guardian, the initial information needed by ovider's office.				

while ago," today 12/11/24.

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	of Fleatiff Service IN		1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIP	LETED
					F	2
		HAL073010	B. WING			` 7/2024
		TIALUT 30 TO			12/1	112024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
14 A D. E.	IEIGUTO AGGIOTED I	2065 CHU	B LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED I	-IVING ROXBOR	O, NC 27573	3		
(V4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	)N	(VE)
(X4) ID PREFIX	-	/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
D 277	Continued From no	go 110	D 277			
D 277	Continued From pa	ge 110	DZII			
	-He thought everyth	ning had been taken care of by				
	the former PCP bef					
	-His primary concer	rn was first and foremost a				
		secured for the residents.				
		ow long it would take to get the				
		the second local provider.				
		the residents were given an				
	option to find their o	<u> </u>				
		problem, the resident would				
		he ED since there was no				
	PCP to contact at the					
		d back out to the former PCP				
		t the problem was solved				
		cal provider was identified.				
		could do was call the second				
		ce and let them know the				
		crisis to ensure the residents				
	received the medic					
	received the medic	ation they needed.				
	Interview with the C	Director on 12/11/24 at 6:01pm				
	revealed:	711 COLOT OIT 12/11/24 at 0.0 1pm				
		mails for two guardians today,				
		the guardians for 4 residents.				
		cted the guardian for the other				
	resident with a guar					
	Tesident with a guar	dian.				
	Interview with a res	ident on 12/11/24 at 6:15pm				
	revealed:	14511 011 12/11/24 at 0.10p111				
		vider before being admitted to				
	the facility.	vider before being auffilled to				
		nitted to the facility, he started				
	seeing the facility's					
		to see the facility's PCP.				
		im the facility was getting a				
	new PCP.	iiii iiie iaciiity was gettiiig a				
		im to complete paparwark for				
		im to complete paperwork for				
		npleted the paperwork the first				
	week of December					
		ny the facility was getting a				
	new PCP.					

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		 	2
		HAL073010	B. WING		I	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	CHUB LAKE RO ORO, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 277	Continued From pa	ige 111	D 277			
	-The previous PCP every TuesdayThere had not bee several weeksHe could not reme was in the facilityHe was not asked PCPHe would like to re saw before being an Interview with a sec 6:15pm revealed: -The Director told he new PCPThe Director told he new PCPThe Director told he new PCPThere had not bee several weeksHe could not reme was in the facility.  Interview with a thir 6:20pm revealed he first of last week for Interview with a fou 6:20pm revealed: -He was told there we to 4 days ago when sign papersHe did not know we he was his own reled "guessed" he we have a sign papers.	used to come to the facility on a PCP in the facility for ember the last time the PCP if he wanted to see a certain turn to the local provider he dmitted to the facility.  cond resident on 12/11/24 at an an PCP in the facility for ember the last time the PCP of resident on 12/11/24 at the was given papers to sign for the new PCP.  The papers were a papers were sponsible party, was okay with a new PCP.	n t for rst			
	6:21pm revealed:	n resident on 12/11/24 at	nev.			

were getting a new PCP.

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					   F	,
		HAL073010	B. WING			7/2024
		I IALU/3010			14/1	112024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MADIE	IFICUTE ACCIETED I	2065 CHI	JB LAKE RO	AD		
WAPLE	HEIGHTS ASSISTED L	ROXBOR	O, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR LS	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				DEI IOIEIVOT)		
D 277	Continued From pa	ige 112	D 277			
		_				
		ork about 3 to 4 days ago.				
	-He was not given a	a choice to pick a new PCP.				
	Intoniova with a sist	th resident on 12/11/24 at				
	6:24pm revealed:	11169146111 011 12/11/24 at				
	•	nim sign a piece of paper on				
	12/09/24 or 12/10/2					
		had retired, and the facility				
	was getting a new F					
		eard that a new PCP was				
		ty was on the day he signed				
	the paperwork for a					
	and paperwork for t	a 115W 1 G1 .				
	Interview with a sev	venth resident on 12/11/24 at				
	6:25pm revealed:					
		e needed a new PCP.				
	-He had needed to	see the previous PCP for				
	about a month.	·				
	-His left ear was clo	ogged, and he could not hear				
	out of it.					
		staff because he was waiting				
		PCPwhen he saw her.				
		s due to see the previous PCP				
	this week.					
		igning any papers and he did				
		alking to him about changing				
	PCPs.					
		CP no one told him, and he				
		have been given a chance to				
	pick his ownHe was responsible	e for himself				
	-i ie was responsibl	e ioi iiiiiseii.				
	Interview with an eig	ghth resident on 12/11/24 at				
	6:26pm revealed:	9.1.1.1.05146111 011 12/11/24 dt				
		24, he was told the facility was				
	changing PCPs.	2., was told the lability was				
		ers to sign for the new PCP.				
		10 0.g 10. 1.10 1.10 11 01 1				
	Telephone interview	v with a resident's guardian on				
		revealed the Director texted				

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
				<del></del>	F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	JB LAKE RO			
0(0.15	CLIMMA DV CTA		O, NC 27573		ION	()/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 277	Continued From pa	ge 113	D 277			
	her a "couple of day facility was changin	s ago" to let her know the g PCPs.				
	guardian on 12/16/2 -She was notified the about the facility cheshe was	going to have to complete the consent and accompany the				
	local provider's office revealed: -None of the reside their physicianWhen they were fire new patients, they seems to see the control of th	resentative from the second to e on 12/12/24 at 3:42pm and the second appointments with the set asked if they were taking stated they were, but then the going to be over 20 new				
	The only way their from the facility wou and oriented x 3, re sign for themselves Their process was the residents and thif he could handle the lifthe physician agr	practice would take residents ald be the residents to be alert sponsible for themselves, and to obtain medical records for then the physician would decide the needs of the residents. The reed to be the PCP for the not ment would then be made				
	-If a resident could family member wou to complete the necephysician would the decide if he was go residentShe thought it might facility to find a different facility because	not sign for themselves their ald need to come into the office bessary paperwork, and the end of the same process to ing to be the PCP for that the in the best interest of the erent PCP that would go into it could be months before the perset up with their office.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	IB LAKE ROA			
	I	ROXBOR	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE , DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 277	Continued From pa	ge 114	D 277			
	revealed: -She had not heard had contacted on 1 -She reached out to provider (MHP) and provided PCPs for A-She talked to a reprimary care group Administrator had cregistration form.  Interview with the A-4:46pm revealed: -He had received a office, the one contact 12/13/24, and was able to provide a PO-He had completed	o the facility's mental health it was told their agency ALFs.  Dresentative with the MHP's today, 12/16/24, and the completed an online informed they would not be CP for the facility at this time. The online registration for the twas the primary care group				
	12/17/24 at 2:42pm -He had not heard the completed the of 12/16/24He told the Director to see if the providerThe Director told hold provider, and two icemail set up.  1. Review of the factorycle refills pending generated on 11/27There were 16 resumedications as of 1	pack from the fifth provider but nline registration form on or to call a sixth provider today or had any recommendations. It is the provider did not have stility's contracted pharmacy of prescriber renewals 1/24 revealed: idents who needed refills on				

DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 12/1	R <b>7/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	IB LAKE RO			
MAPLE I	HEIGHTS ASSISTED L	LIVING ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 277	Continued From pa	ge 115	D 277			
	on 11/01/24 for a or no refills on the medications last fills one-month supply; medication.  -The same resident treat high cholester 11/01/24 for a one-refills on the medications last fills one-month supply; medications last fills one-month supply; medication.  -Thirteen residents including a medication used to softener, and supplication and supplication.  B-vitamins, and a medication of the state of the second 12/17/24 revealed and softeners.	ne-month supply; there were dication. had two blood pressure ed on 11/01/24 for a there were no refills on the thad a medication used to ol that was last filled on month supply; there were no ation. d two blood pressure (BP) ed on 09/09/24 for a there were no refills on the needed refills on supplements tion used to control acid reflux, to aid in sleeping, a stool ements for potassium, vitamin il, calcium, folic acid, nultivitamin.  second resident's BP on revealed a BP of 146/100.				
	12/01/21 to 12/13/2 12/02/24, 169/114 of 12/10/24, and 178/7 Interview with a me 12/12/24 at 10:56ar -She did not call the about residents.	24 revealed BP's of 166/112 on on 12/09/24, 164/104 on 74 on 12/12/24. dication aide (MA) on				
	the PCP.	or, and the Director would call				

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Interview with the Director on 12/12/24 at 3:38pm

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	NT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
				A. BUILDING:			_
		HAL073	3010	B. WING		I	₹ 1 <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING		B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
D 277	Continued From pa	ge 116		D 277			
	revealed: -The MAs could cal residentShe did not know i contact the former former PCPShe did not know i now since they did -She "guessed" the residents to the em the resident were s  Interview with the Drevealed: -She received notifice early November 20 needed refillsShe used the telenformer contracted Felemedicine system contracted PCP's orefills because she telemedicine system PCP as of 11/30/24 terminatedSome of the medicine system of the m	I the former F If they were average they were In they wer	ware they could ually called the re going to do CP. to send the artment (ED) if //11/24 at 3:58pm the pharmacy in escriptions em with the fills; the to the former tes of medication per get into the er contracted vices were een delivered. If the medications ions had been ere still pending. //16/24 at 3:11pm on with the dinot come in with ations. The missing				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 11 DOILD 11 TO		   F	,
		HAL073010	B. WING		1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADIEL	HEIGHTS ASSISTED L	1VING 2065 CHU	B LAKE RO	AD		
WAFEE	ILIGITIO AGGIGILD I	ROXBOR	D, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 277	Continued From pa	ge 117	D 277			
	sent to the former of After three attempt refilled, she called a PCP's office.  -The former PCP reand there was a proaccepting the form was kicked back.  -At that point, she was the former PCP had prescriptions for early she went into each telemedicine system information for each some were not.  -The MAs would work were still needed.  -The Administrator out of their medicat team entered the farmer told him.	contracted PCP's office. Its to get the medication Is [named] person at the former Responded back at that point Responded back at th				
	5:25pm revealed: -He was not aware	dministrator on 12/11/24 at there were residents without ntil the Director told him a "little				
	while ago," today 12 -He thought everyth the former PCP bef -His primary concer PCP needed to be s -If a resident had a have to be sent to t PCP to contact at tf -He had not reache	2/11/24.  ning had been taken care of by fore 11/30/24.  rn was first and foremost a secured for the residents.  problem, the resident would he ED since there was no				

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	, ,	SURVEY PLETED	
MAPLE HEIGHTS ASSISTED LIVING    X40   ID   PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   D 277   Continued From page 118   When the second local provider was identifiedThe only thing he could do was call the second local provider's office and let them know the residents were in a crisis to ensure the residents received the medication they needed.   Based on observations, record reviews, and			HAL073010	B. WING			
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 277  Continued From page 118  when the second local provider was identifiedThe only thing he could do was call the second local provider's office and let them know the residents were in a crisis to ensure the residents received the medication they needed.  Based on observations, record reviews, and			IVING 2065	CHUB LAKE RO	OAD		
when the second local provider was identifiedThe only thing he could do was call the second local provider's office and let them know the residents were in a crisis to ensure the residents received the medication they needed.  Based on observations, record reviews, and	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
medications after their last refills, dated 11/01/24, which resulted in two residents with elevated BPs who had not received their BP medication because they did not have refills.  2. Review of a resident's monthly weight log from January 2024 to November 2024 revealed:  -The resident had monthly weights documented between 108 pounds to 110 pounds from January 2024 to November 2024.  -The resident weighed 97.5 pounds on 12/13/24.  Interview with the Director on 12/16/24 at 5:03pm revealed:  -They did not have a current primary care provider to notify the resident's weight loss.  -The resident would be taken to urgent care or the emergency department (ED) if she needed to be seen due to weight loss.  Telephone interview with the Administrator on 12/17/24 at 2:53pm revealed:  -The PCP should be notified of the resident's weight loss, but there was currently no PCP to notify.  -The resident would have to go to the ED related to her weight loss.  Based on the resident's documented weight on the weight loss from November 2024 to 12/13/24.	D 277	when the second lota. The only thing he clocal provider's office residents were in a received the medical based on observation interviews, sixteen a medications after the which resulted in two who had not receive because they did not between 108 pound 20.24 to November and a not resident weight loss and the weight loss, but the emergency depose seen due to weight loss, but the notify.  The resident would to her weight loss, but the notify.  The resident would to her weight loss.  Based on the resident would to her weight log, the notify.	pocal provider was identified could do was call the second ce and let them know the crisis to ensure the reside ation they needed.  It is a record reviews, and residents were without neir last refills, dated 11/01, wo residents with elevated led their BP medication to thave refills.  Ident's monthly weight log frowember 2024 revealed: monthly weights documented to 110 pounds from Jania 2024.  The provided and the provided to the provided to 12/16/24 at 5:03 at a current primary care the resident's weight loss. If the provided to the pro	ad ants  24, 3Ps  om ed aary 24. pm r d to			

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	,
		HAL073010	B. WING		1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IIVING	UB LAKE RO RO, NC 2757:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 277	Continued From pa	nge 119	D 277			
		esidents' records revealed it updated in November 2023.				
	revealed: -There were multipl FL-2 because the fa primary care provid -She did not know h expired FL-2sA new PCP, once of the expired FL-2sShe knew the resid annual exam and to that exam.  The facility failed to primary care provid care including refills FL-2s, and notificat BPs and other med PCP gave the facility services would end resulted in two resid pressure medicatio	Director on 12/10/24 at 4:20pm le residents without a current acility did not have a current ler (PCP) to sign off on them. how many residents had obtained, would have to sign dents were required to have are have the FL-2 completed at one each resident had a ler (PCP) to provide medical so for medications, updated tion of residents with elevated lical needs, when the former ty a 30-day notice that their lon 11/30/24. This failure dents, who missed blood was having elevated BPs				
	residents going sev because there were medications. This fa risk of physical harr constitutes a Type A	ailure resulted in a substantial m to the residents and				
		N DATE FOR THE TYPE A2 _ NOT EXCEED JANUARY 16	,			

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, S			
MAPLE I	HEIGHTS ASSISTED I	IVIN(÷	RO, NC 27573	ND		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 283	Continued From pa	ge 120	D 283			
D 283	10A NCAC 13F .09 Service	04(a)(2) Nutrition and Food	D 283			
	(a) Food Procurem Homes: (2) Facilities with a more residents sha with Rules Governin Nursing Homes, Ac Institutions set forth which are hereby in including subseque	04 Nutrition and Food Services tent and Safety in Adult Care licensed capacity of 13 or all ensure food services compling the Sanitation of Hospitals, dult Care Homes and Other in 15A NCAC 18A .1300 accorporated by reference, ent amendments, assuring in, and serving of food and initary conditions.	y			
	interviews, the facil items stored and pr served under sanita food storage and pr rodent droppings or	et as evidenced by: ions, record reviews and ity failed to ensure all food repared by the facility were ary conditions related to a dirty reparation area windowsills, n shelves and floors in the dry dirty floors in the kitchen.				
	The findings are:					
	revealed: -There was a build-	kitchen on 12/10/24 at 8:55an up of a sticky substance on wo reach-in coolers that could h a finger nail.				

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STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	LETED
	HAL073010	B. WING		12/1	? 7/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED L	IVING 2065 CHU	B LAKE RO	AD		
MAP LE HEIGHTS ASSISTED E	ROXBOR	O, NC 27573	3		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 283 Continued From pa	ge 121	D 283			
-There was grayish- the second reach-ir -There was water of the first cooler and cloudy pinkish wate -There was an accumulate on the floor of -There was a thick in handle of the reach -There was a black of the freezerThere was a large on the floor of the freezer on the floor of the freezer was a drawer where utensils were liquid in the drawer on the utensilsThere was a dried on the utensilsThere was a thick in grease and food on the utensilsThere was a thick in grease and food on was a thick in grease and food on the control in	black residue on the inside of a cooler. ripping from the fans inside collecting in a full pan of r on the top shelf. Imulation of brownish-yellow of the first cooler. Forown build-upon the outside commended in the first cooler. Forown build-upon the outside commended in the folds to the inside standard spills and debris on the freezer door. Forozen reddish-brown puddle decezer. For in the metal serving table that had a dried brown and on the utensils. Forown liquid in the drawer and droppings in the drawer with colack layer of baked on the grates on the stove. For its the front of the stove of the front of the store of the store of the front of the store of the front of the store of t	D 283			

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STATE FORM 6899 W91Y12 If continuation sheet 122 of 308

DIVISION	Division of Health Service Regulation					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND LINN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	
					F	≀
		HAL073010	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE		
NAME OF I	-NOVIDEN ON SUFFEIEN		IB LAKE RO			
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
D 283	Continued From pa	ge 122	D 283			
	•	droppings on the floors and				
	shelving in the dry					
		paper items, rodent droppings				
		or behind and under the stove,				
	equipment and she	· ·				
		mat with quarter size circular				
		ign on the floor near the dish				
	machine.					
		debris accumulated in the				
	open circles.					
		up of dirt and debris under the				
		bris stuck to the floor from the				
	openings in the ma	<b>.</b>				
	Review of the local	health department (LHD) food				
		ection report for the kitchen				
	dated 09/20/24 reve					
	-The facility receive	d a score of 95.				
	-There was docume	entation of observations of				
		und on shelves in the [dry]				
		nside several storage				
	T	d to clean/remove droppings				
		ify the pest control company.				
		ce of the stovetop had a large				
	needed cleaning.	ease/food debris build-up and				
		d accumulation of grease				
	build-up and neede					
	,	5				
		en cleaning schedule				
	revealed:					
		dule hanging on the bulletin				
	board in the kitcher					
	from the bulletin bo	l multiple cleaning schedules				
		dule dated October 2024 had				
		the cleaning tasks but was not				
	complete.					
		documented on the cleaning				
		mber 2024 and December				

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STATE FORM 6899 W91Y12 If continuation sheet 123 of 308

Division of Health Service Regulation						
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY PLETED
					1	R
		HAL073010	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
MADIE	HEIGHTS ASSISTED I	2065 C	HUB LAKE RO	AD		
IVIAPLE	TEIGHTS ASSISTED I	ROXB	ORO, NC 2757	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
D 283	Continued From pa	ige 123	D 283			
	2024.					
		stove, grates on the stove,				
		r and cooler shelves, and the				
		torage were to be cleaned				
		documented as cleaned on				
	10/22/24.					
		er in the table, was to be wip	ea			
	10/22/24.	ocumented as cleaned on				
		be mopped daily and was la	st			
	documented as cleaned on 10/22/24.					
	-The floors were to	be swept after each meal ar	nd			
	were documented a October 2024.	as complete once daily in				
	Interview with the c revealed:	ook on 12/10/24 at 8:55am				
	-She pulled the floo	or mat up every two weeks a	nd			
		was due to be cleaned.	_			
		prep table was supposed to	be			
	month since it was	r day; it had been about a				
		ie hood were cleaned in				
	September 2024 by					
		taken apart and deep clean	ed			
		nd it was due to be deep				
	•	cleaned it about two weeks				
	ago.	<del></del>				
	daily.	s on the stove were cleaned				
	Interview with the c	ook on 12/11/24 at 11:21am				
		chance to document on the				
		since October 2024.				
		ete everything on the				
		did not always look at the				
		ecleaned; she had been at the she knew what to clean eac				

Division of Health Service Regulation

day.

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	•
		HAL073010	B. WING			7/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE H	HEIGHTS ASSISTED L	IVING	UB LAKE RO			
		ROXBO	RO, NC 27573	3		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	NEGOE WORLD	SO IDENTIFICATION,	IAG	DEFICIENCY)		
D 000	0 " 15	404	<b>D</b> 000			
D 283	Continued From pa	ige 124	D 283			
	Interview with the cook on 12/13/24 at 2:33pm					
	revealed:	·				
	-The hood screens	had been cleaned but the rest	:			
	of the hood had not	t finished due to lack of time.				
	-Saturdays were for	r deep cleaning and she would				
	finish the hood then	٦.				
		eaned out weekly and was las	t			
		go due to lack of time.				
		ere cleaned every Monday, bu	t			
		room had been missed				
	because she forgot					
		he storeroom was last cleaned	l			
		working at the facility.				
		ers were last cleaned about a				
		ere supposed to be cleaned				
	inside and outside	every day. eep cleaned about two weeks				
		ed to be done every two				
	weeks.	ed to be dolle every two				
		o the freezer should be				
	cleaned every day.	5 the 1160201 chedia 26				
		dry storage were cleaned				
		; the mouse droppings were				
	new.					
	-She had seen mice	e running in the kitchen and				
	seen new droppings	S.				
		dry storage were scheduled				
	to be cleaned as ne					
		heduled to be swept and				
	mopped once daily.					
		heduled to be deep cleaned,				
		d behind the equipment, once				
	weekly.	the teacher to the				
		the knobs to the stove could				
		ad never cleaned behind them				
		been cleaned; she was scared				
		they used it all day and did no	L			
	want it to catch fire.	•				

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Division	of Health Service Re	egulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010		B. WING		12/1	₹ <b>7/2024</b>
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW WILL OT T	NOVIDER OR GOLF EIER			IB LAKE RO			
MAPLE I	HEIGHTS ASSISTED L	LIVING		O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED B  SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 283	Continued From pa	ge 125		D 283			
	8:38am revealed: -The cooks did the in the kitchenShe or the Director cleaning was being meals every dayThe last time she compared weeks ago; the coop baseboards and sir. She had not check about three weeks; not filled it in becauses and sir. She did not know the she did not know the she did not know the cleanedThe reach-in coold including the outside of the revery other dayShe did not check to see if they were constructed and the freezer when should be she did not check know the last time should be she had not notice anywhere; they kep keep the mice outThe floors in the kin supposed to be swe under and behind entry they kep the floor mat was she was a single cooperation.	ted on the cleaning of the cook had told had see she had not had the windowsill was down often it was supported by the cleaned even and the har each-in coolers were the reach-in cooler clean. The cleaned the cleaned it, and gaskets were cleaned the freezer daily and the cleaned the cleaned it.	co cleaning the erve three walls, log in er she had a chance. lirty and cosed to be reryday andles. The cleaned everyday first of last bottom of leaned did not sings bins to m were luding red up and				

-The last time she thought the floor mat had been

DIVISION	<u>of Health Service Re</u>	egulation					
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/S	SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	` ´ IDENTIFICAT	TION NUMBER:	A. BUILDING:		` ´COMP	LETED
				7.1. 2012211101			
						F	
		HAL0730	)10	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MADIE	HEIGHTS ASSISTED I	IVING	2065 CHU	B LAKE RO	AD		
	ILIOITIO AGGIGTED I	-141140	ROXBOR	O, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFIC	CIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX	(EACH DEFICIENCY			PREFIX	(EACH CORRECTIVE ACTION SHOU		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING IN	NFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
					DEFICIENCY)		
D 202	O	400		D 202			
D 283	Continued From pa	ge 126		D 283			
	cleaned was a coup	ole of weeks to	a month ago				
	-The floor mat was						
	when they could, bu						
	when they took it or	ut illey always	swept under it				
	when they took it ou						
	-She did not know t						
	clean; it was suppo	sed to be clear	ned as it got				
	dirty.						
	-She had not seen	the mouse dro	ppings in the				
	drawer.						
	-The stove top was	supposed to b	e cleaned daily				
	or as soon as there	were spills.	-				
	-The grates on the		supposed to be				
	deep cleaned every						
	cleaning list.						
	-The knobs on the	front of the sto	ve and the oven				
	were part of the dai						
	cleaned behind.	ly clearing but	they were not				
	-She did not know h	any often the c					
	cleaned and she wa	as not sure ii it	was on the				
	cleaning schedule.						
	-She had cleaned the						
	hood, but had not g						
	-She was waiting or	n help from ma	aintenance to				
	clean the hood.						
	-She expected the	kitchen staff to	do a better job				
	at keeping the kitch	en clean.					
	Interview with the D	irector on 12/1	6/24 at				
	12:20pm revealed:						
	-She inspected the	kitchen period	ically; she went				
	into the kitchen abo						
	-If she saw someth						
	would let the cook i						
	-She looked for clea		and at the				
	equipment in gener		and at the				
	-She did not do a d						
	-The coolers, freezo						
	and stove were sch	eanea to pe c	ieaned every				
	day.						
	-The drawer in the	table was supp	osed to be				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		1141 070040	B WING		F	
		HAL073010	D. WINO		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 283	•		D 283			
	two weeks ago.  -The oven, stove grhood were on the sas needed.  -She did not know the sas needed.  -She looked for moseen them lately; the been treating the ending schedule is signatures on them signatures on them signatures on them she expected the signatures on them signatures on them she expected the signatures on them signatures on the signatures on the signatures on the signatures on the samination in the cleaning log.  -The Director was recleaning logs and in the looked at the kleast once a week.  -He looked at the saw something t	use droppings but had not be pest control company had not be pest control company had notire facility for mice. Tooks were completing the pecause she thought she saw with the staff to follow the and keep the kitchen clean.  In district on 12/16/24 at a point of the kitchen by following the esponsible for checking the esponsible for chec				
{D 299}		chen was maintained. 04(d)(3) Nutrition And Food	{D 299}			
	10A NCAC 13F 09	04 Nutrition And Food Service				

Division of Health Service Regulation STATE FORM

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ь. І	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL073010		B. WING			R <b>17/2024</b>	
	PROVIDER OR SUPPLIER HEIGHTS ASSISTED L	IVING 20	65 CHUE	RESS, CITY, S B LAKE ROA , NC 27573				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
{D 299}	(d) Food Requireme (3) Daily menus for on the U.S. Departr guidelines for Amer hereby incorporated subsequent amend guidelines can be fo https://dietaryguidel	ents in Adult Care Home regular diets shall be ba ment of Agriculture Dieta icans 2020-2025, which d by reference including ments and editions. The	s: sed ry are se	{D 299}				
	interviews, the facili ounces of milk or of servings were serve residents.	et as evidenced by: ons, record reviews, and ity failed to ensure that 8 ther equivalent of dairy ed three times daily to th						
		y's current census on 12 e 22 residents residing in						
	of milk three times	nmended servings of 8 c a day the facilty would ha f milk per day to serve 22	ave					
	12/11/24 and 12/13 -Milk was to be serveveryday.	ved at breakfast and dinr						

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S	SUPPLIER/CLIA FION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				7t. BOILDING.		F	₹
		HAL0730	010	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING		JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 299}	Continued From particles of the kitchen on 12/11  There was a three the cooler; there was a block opened, but there wavailable to serve to the continued on 12/11/24 at 12:1  There was a half as serving to the residual available.  There was a block opened, but there wavailable to serve to compare the compared of the serving to the residual available to serve to compared to the compared of the served of the compared of the compa	reach-in cooled 0/24 at 8:58 am quarters full gas no other mill of American covere no other cooled 7pm revealed: gallon of milk ents; there was of American covere no other cooled 7pm revealed: gallon of milk ents; there was of American covere no other cooled 7pm revealed: defents in the dieserved chili, of the and coffee dand no dairy lunch meal on more revealed: idents in the dieserved spaghts alad, wheat reached and no dairy esidents had level offered milk ents in the dieserved spaghts alad, wheat reached and no dairy residents had level offered milk ents in the dieserved spaghts alad, wheat reached and no dairy residents had level offered milk ents in the dieserved spaghts alad, wheat reached and no dairy residents had level offered milk ents in the dieserved spaghts alad, wheat reached and no dairy residents had level offered milk ents in the dieserved spaghts alad, wheat reached and no dairy residents had level offered milk ents in the dieserved spaghts alad, wheat reached and no dairy residents had level offered milk ents in the dieserved spaghts alad, wheat reached and no dairy residents had level offered milk ents in the dieserved spaghts alad, wheat reached and no dairy residents had level offered milk ents in the dieserved spaghts and t	n revealed: allon of milk in k. heese that was dairy items r in the kitchen available for s no other milk heese that was dairy items 12/10/24 from ining room. cornbread, okra, ee. r items were 12/11/24 from ining room. netti with oll, pineapple e. r items were eft the dining ilk or a dairy	{D 299}			
	8:30am revealed: -There were 22 res						

DIVISION	ivision of Health Service Regulation							
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
		HAL073010	B. WING			<b>尺</b> 17/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, S	STATE, ZIP CODE				
MAPLE	HEIGHTS ASSISTED I	IVING	IUB LAKE RO RO, NC 27573					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
{D 299}	Continued From pa	ge 130	{D 299}					
	-The residents were oatmeal, sausage, and coffeeSeven residents or dining room had glasettingsNone of the other is served milk and a control of the other is served milk and a control of the other is served milk and is settingsNone of the other is served milk and a control of the other is served milk and is served milkHe was served milk and is servedHe had not had mind admitted about two linterview with a servedHe did not recall the liked to drink method of the other is servedHe had been at the offeredHe liked milk and is offeredHe liked milk to driedHe thought the facts shopping for milk to	e served scrambled eggs, toast with jelly, juice, water ut of the 21 residents in the asses of milk at their place residents were offered or dairy item was not served.  ident on 12/10/24 at 8:09am k once daily.  would drink it more often if it uch milk to drink since he was years ago.  cond resident on 12/10/24 at I milk to drink.  ilk.  he last time milk was provided of resident on 12/10/24 at efacility for about two years. Wer being served milk to drink would drink milk if it was  rth resident on 12/10/24 at ink.  esterday, 12/09/24.  id today, 12/10/24.  ility might have needed to go						

revealed:
Division of Health Service Regulation
STATE FORM

FORM 6899 W91Y12 If continuation sheet 131 of 308

DIVIDION	Of Fleatill Service IN	squiation	ı			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	2
		HAL073010	B. WING		1	` 7/2024
		1.0.10010			1 12/1	112024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADIE	HEIGHTS ASSISTED L	1VING 2065 CHU	B LAKE RO	AD		
WAPLE	TEIGHTS ASSISTED I	ROXBOR	O, NC 27573	<b>3</b>		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX	<b>\</b>	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI TOIEITO!)		
{D 299}	Continued From pa	ge 131	{D 299}			
	Milk was somed to	regidents at breakfast, sortain				
	residents wanted it.	residents at breakfast; certain				
		nts asked for milk at lunch or				
	dinner.	Tits asked for Tillik at furicit of				
		meals in the dining room, she				
	offered milk to the r	_				
		nilk to the residents when they				
		ey did not offer the last few				
	times they just forge					
		plenty of milk to drink.				
	,					
	Interview with the S	Supervisor on 12/13/24 at				
	8:38am revealed:					
	-Milk was purchase	d by the gallon from the store				
		t six gallons was purchased				
	on Mondays.					
	-The cook used the					
		t lunch and dinner but not at				
		they knew who liked it and				
	who did not.					
		ould ask for milk at breakfast				
	for their oatmeal or					
		ed milk so they would offer it				
		d dinner; they did not walk n of milk and ask residents if				
	they wanted milk.	TOT THIN AND ASK TESIDETIS II				
	arcy warned min.					
	Interview with the D	Director on 12/16/24 at				
	11:46am revealed:					
		esidents milk at every meal.				
		er the residents milk when she				
	would pass through	the dining room during at				
	least one meal a da					
	-Sometimes she wa	as not in the dining room when				
	it was offered to the					
		e residents if they were offered				
		staff and they would say "yes"				
	they did.	_				
		o 9 gallons of milk a week.				
	-She knew milk was	s to be offered when there was				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING.			₹
		HAL073010		B. WING			17/2024
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING		B LAKE RO			
(V4) ID	STIMMA DV STA	ATEMENT OF DEFICIENCIES	RUXBUR	O, NC 27573	PROVIDER'S PLAN OF CO	APPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMATI		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
{D 299}	Continued From pa	ige 132		{D 299}			
	not a dairy item on	the menu.					
D 310	3:40pm revealed: -He observed meal -He passed by the residents how ever -He was not involve cook and the Direct mealsMilk should have be if there was no dair	ed in depth with the me tor were responsible fo been offered three time y items on the menu.	th. I the eals; the or the es a day	D 310			
2310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service  10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician.			5310			
	reviews, the facility as ordered for 1 of	et as evidenced by: ions, interviews, and re failed to serve suppler 1 sampled residents (# nutritional supplement.	ments #8) who				
	The findings are:						
	11/08/23 revealed of	t #8's current FL-2 date diagnoses included me sthma, dementia, musc stipation.	etabolic				
	dated 11/08/23 reve	t #8's signed physician ealed: er for a "house supplen					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
							R	
		HAL073010		B. WING		12/1	17/2024	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE			
MAPLE	HEIGHTS ASSISTED I	_IVING		JB LAKE RO O, NC 27573				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE / MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 310	Continued From pa	ge 133		D 310				
		daily away from mea er to obtain daily, wee						
	12/10/24 revealed t	9:00am medication phe medication aide (tritional supplement	MA) did					
	Review of Resident #8's October 2024 paper medication administration record (MAR) from 10/10/24 to 10/31/24 revealed: -There was an entry for one nutritional supplement three times daily away from meals with a scheduled time of 9:00am, 3:00pm, and 9:00pmThere was documentation a nutritional supplement was administered three times daily away from meals.							
	electronic medication (eMAR) from 11/01There was an entry supplement three to with a scheduled time 9:00pmThere was docume supplement was accomportunitiesThere were 80 exceptions.	mes daily away from me of 9:00am, 3:00p entation a nutritional lministered 10 times ceptions documented sident refused, out o	ord aled: meals m, and out of 90					
	from 12/01/24 to 12 -There was an entry supplement three ti		meals					

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STATE FORM 6899 W91Y12 If continuation sheet 134 of 308

PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 310  Continued From page 134  -There was documentation a nutritional supplement was administered 1 time out of 37 opportunities.  -There were 39 exceptions documented; the exceptions were resident refused and physically unable to take.  Observation of the breakfast meal on 12/13/24 at 8:30am revealed:  -The residents were served scrambled eggs, oatmeal, sausage, a slice of toast, jelly, juice, water and coffee.		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
MAPLE HEIGHTS ASSISTED LIVING  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 310  Continued From page 134  -There was documentation a nutritional supplement was administered 1 time out of 37 opportunitiesThere were 39 exceptions documented; the exceptions were resident refused and physically unable to take.  Observation of the breakfast meal on 12/13/24 at 8:30am revealed: -The residents were served scrambled eggs, oatmeal, sausage, a slice of toast, jelly, juice, water and coffee.			HAL073010	B. WING		l l	
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  D 310  Continued From page 134  -There was documentation a nutritional supplement was administered 1 time out of 37 opportunitiesThere were 39 exceptions documented; the exceptions were resident refused and physically unable to take.  Observation of the breakfast meal on 12/13/24 at 8:30am revealed: -The residents were served scrambled eggs, oatmeal, sausage, a slice of toast, jelly, juice, water and coffee.			IVING 2065 CI	HUB LAKE ROA	AD .		
-There was documentation a nutritional supplement was administered 1 time out of 37 opportunitiesThere were 39 exceptions documented; the exceptions were resident refused and physically unable to take.  Observation of the breakfast meal on 12/13/24 at 8:30am revealed: -The residents were served scrambled eggs, oatmeal, sausage, a slice of toast, jelly, juice, water and coffee.	PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
-Resident #8 removed the crust from her slice of toast.  -She ate 100 percent of her slice of toast with the crust removed, and 100 percent of her scrambled eggs.  -She did not eat her oatmeal or her sausageShe was not served a nutritional supplement.  Observation of the lunch meal on 12/13/24 at 11:45am revealed: -The residents were served a salmon patty, coleslaw, cornbread and fruit with water, iced tea and coffeeResident #8 ate 100 percent of her cornbread and fruitShe ate less than half of her salmon patty and none of her coleslawShe was not served a nutritional supplement.  Observation of Resident #8's room on 12/10/24 and 12/13/24 between 8:00am and 5:00pm revealed there were no nutritional supplements available for administration.  Observation of Resident #8 being weighed on 12/16/24 at 11:14am revealed: -Resident #8 ambulated to a storage room where	D 310	-There was docume supplement was accopportunitiesThere were 39 excexceptions were reunable to take.  Observation of the 8:30am revealed: -The residents were oatmeal, sausage, water and coffeeResident #8 removed, and eggsShe ate 100 percecrust removed, and eggsShe did not eat he-She was not served.  Observation of the 11:45am revealed: -The residents were coleslaw, cornbread and coffeeResident #8 ate 10 and fruitShe ate less than I none of her colesla -She was not served.  Observation of Resident and 12/13/24 betwee available for admin.  Observation of Resident of Resident at 11:14an.	entation a nutritional Iministered 1 time out of 37 ceptions documented; the sident refused and physically breakfast meal on 12/13/24 at e served scrambled eggs, a slice of toast, jelly, juice, wed the crust from her slice of nt of her slice of toast with the 100 percent of her scramble or oatmeal or her sausage. In oatmeal on 12/13/24 at e served a salmon patty, and and fruit with water, iced tead and fruit with water, iced tead and for her salmon patty and when an on 12/10/24 een 8:00 am and 5:00 pm en on nutritional supplements istration.	f e d			

DIVISION	Of Fleatill Service IN	guiation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	₹
		HAL073010	B. WING		1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW TWIL OT	NOVIDER OR GOLF EIER		IB LAKE RO	•		
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
	OUR WAS DIVIOUS					
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
D 310	Continued From pa	ge 135	D 310			
	-					
		ally dressed and weighed 97.5				
	pounds.					
	Povious of Posidont	#8's monthly weight log from				
		vember 2024 revealed:				
	-The log was for on					
		olumns; the first column was				
		second for documenting the				
		pounds lost or gained within				
		th for pounds lost or gained				
		d the fifth for percentage of				
	weight lost or gaine					
		the bottom of the log				
		e a plus for weight gain and a				
	minus for weight los					
		tions to determine the amount				
		viding the number of pounds				
	gained or lost by the	ocumented as weighing 110				
		February, July, October, and				
		08 pounds in April 2024 and				
		2024; weights were refused in				
	March, June and So					
		documented to indicate what				
		e weights were taken and				
	there was only one	date per month.				
		t #8's documented weight on				
		ident #8 had an 11 percent				
	weight loss from No	ovember 2024 to 12/13/24.				
	Interview with Death	dont #0 on 10/16/04 -+				
	10:00am revealed:	dent #8 on 12/16/24 at				
		a nutritional supplement				
	several times a day					
		nutritional supplement in a				
	long time.					
		mily member brought them to				
	her.	,				
	Telephone interview	wwith Resident #8's family				

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STATEMENT OF DEFICIE	NCIES	(X1) PROVIDER/SU	JPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECT		IDENTIFICATION					LETED
						F	2
		HAL07301	10	B. WING			7/2024
NAME OF PROVIDER OR	SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADI E LIEIQUEO AC	OLOTED	D. IN COLOR	2065 CHU	B LAKE RO	AD		
MAPLE HEIGHTS AS	9919 I ED 1	LIVING	ROXBOR	O, NC 27573	3		
PREFIX (EACH I	DEFICIENC	TEMENT OF DEFICI Y MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
	Continued From page 136 member on 12/16/24 at 10:32am revealed:			D 310			
member of She brought - She used supplement stopped bith and been nutritional - She though longer afform the supplement - She though longer afform the supplement - The famility - She liked - Resident weight.  Interview with the supplement - She did not -	n 12/16/2 ght Reside to bring ht, but the inging the supplem ght she to brind the number of the numb	24 at 10:32am relent #8 snacks are sident #8 nutrey were so experient. It is since she brought to Resident ook on 12/13/24 by did not eat alloring her snacks weets. It is she had lower to the sident #8. Who weighed Resident #8. Who weighed Reside	and cigarettes. ritional ensive she  ught any t #8. she could no ments .  4 at 8:34am of her meal. to eat.  ost some  (PCA) on  esident #8 or d.  nacist at the 2/11/24 at				
suppleme	nt three ti macy did	n order for nutri mes daily away not supply Resi ent	from the meal.				
-The pharm nutritional	macy cou supplem	uld supply Resid ents, but the fac quest them.					
11:15am r -Resident in a long ti	evealed: #8 had n me.	v with a MA on 1 ot had nutritiona ily member wou	al supplements				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPIFI	HEIGHTS ASSISTED L	IVING 2065 CHU	B LAKE RO	AD		
	ILIOITIO AGGIGILD I	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 310	Continued From pa	ge 137	D 310			
	any nutritional supp -The Director was a have any nutritional was going to notify (PCP).	are Resident #8 did not have blements in the facility. aware Resident #8 did not I supplements; the Director the primary care provider				
	Interview with the Supervisor on 12/16/24 at 11:14am revealed: -She weighed Resident #8 today, 12/16/24, at the request of the surveyorShe did not weigh residents; the residents were weighed by the PCP when they visited.					

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL073010		B. WING		l l	R <b>17/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	TIALOTOGIO	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	121	1772024
MAPLE H	HEIGHTS ASSISTED L	IVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCY MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 310	Continued From parenumber of pounds I PCP.  -They did not have Resident #8's weightersident #8 would the emergency deprivate be seen by a physical to determine the compact of the dietary staff compact of the dietary sta	ost and when to not a current PCP to real loss.  be taken to an urgartment (ED) if she isian.  build give her extra lly food that she lift snacks.  with the Administrate and the extra led: the supplied Residuements.  build the PCP if the extra led in the lift snat available.  IAs to serve nutritrate lered.  irrector to ensure the extra looked the same lesident #8's weighter extra lents in the facility in the look like she had also looked the same lesident #8's weighter extra lents in the facility in the look like she had also looked the same lesident #8's weighter look like she had also looked the same lesident #8's weighter looked the same lesident #8's weighter looked the same lesident PCP to notify, have to go to the lesident les lesident les lesident les lesident les lesident les les lesident les lesident les lesident les lesident les lesident les les lesident les	notify for gent care or e needed to food at kes, and trator on ent #8 with e nutritional tional here were for Resident I lost any to him. t was ent #8's ED related Resident d on	D 310			
D 338	10A NCAC 13F .09	J		D 338			

6899

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				A. BUILDING:			R
		HAL07	<b>7</b> 3010	B. WING			17/2024
NAME OF PROVIDER OR SU	PPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASS	STED LI	VING		IB LAKE RO. O, NC 27573			
(X4) ID SUMM	ARY STATE	EMENT OF DE		ID	PROVIDER'S PLAN OF C	CORRECTION	(X5)
PRÉFIX (EACH DE			CEDED BY FULL G INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	HE APPROPRIATE	COMPLÉTE DATE
D 338 Continued F	rom pag	e 139		D 338			
all residents Declaration	An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.						
	This Rule is not met as evidenced by: TYPE A1 VIOLATION						
facility failed the residents verbal abuse hitting a resi multiple resi multiple resi members; a was denied a requested a	Based on interviews and record reviews, the facility failed to maintain an environment in which the residents were protected from physical and verbal abuse as evidenced by Staff B and C hitting a resident (#10), Staff B and D cursing at multiple residents, Resident #7 being hit by staff, multiple residents sprayed with water by staff members; and 1 of 1 sampled resident (#11) who was denied a reasonable response when he requested a roommate change when the roommate displayed sexual behaviors and poor						
The findings	are:						
-Sometimes the staff was -Staff were to and would "s -When the s they would p -This residen beforeThe residen roomThe staff cu -The residen	the staff bad. bad beca batch" retaff want ull on the ht had wa t had be rsed at t t would i	was good use they presidents by ted the resident. ater thrown ten "pushed the residen not say who	resident revealed: and sometimes  ulled on residents the arm. dent "to come on" in their face d out" of the dining ts all the time. o the "staff" were.				

DIVISION	of Health Service Re	egulation					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMB	RER.	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						F	
		HAL073010		B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER		STREET ADDF	RESS, CITY, S	STATE, ZIP CODE		
MAPIF	HEIGHTS ASSISTED L	IVING		B LAKE ROA			
	ILIOITIO AGGIGILD I		ROXBORO,	, NC 27573	<b>1</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FI SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 338	Continued From pa	ge 140		D 338			
	-She had heard "all residentsShe had heard the whoop your [expleti -She had heard the there and sit your [e.She had heard the not getting [expletiv Interview with a res revealed: -Multiple staff cursed to the hospital." -Staff B and Staff DThe staff members day to "shut the [expletiv staff cursed at the resided to the his heart becaused at the resided to the highest staff members but he argued back of the staff members but he argued back of the staff stated, "Illight staff stated," Illight hurt his feelings of the way strying to members of the way strying to member	e staff tell a resident to expletive] down. e staff tell a resident youre].  ident on 12/10/24 at 82 at 14 at 16 a	he will get in u are :44am ant to go ts. ts every the staff efore, //24 at d. cility e staff.				
	Interview with a third resident on 12/10/24 at 9:10am revealed: -Sometimes staff squirted the residents with waterThe squirt bottle was used to make "us not say						
	bad things." -One of the staff wa	as a MA and the other	was a				

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-The staff had never hit him.

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		1101.072040	B. WING			
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			JB LAKE RO			
MAPLE H	HEIGHTS ASSISTED L	LIVING				
		RUXBUR	O, NC 2757	3		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	TNATE	DAIL
				,		
D 338	Continued From pa	nge 141	D 338			
	·					
		s would say they were going to				
	"knock the [expletiv					
		s had told him they were going				
	to "knock him silly",	, and they were going to				
	"knock him into nex	kt week."				
	-The last time it hap	ppened was on Thanksgiving				
	day.					
		s would hurt the residents; the				
		ne residents to talk to the				
	surveyors.					
	ou. royoro.					
	Interview with a four	irth resident on 12/10/24 at				
	11:14am revealed:	111111C3IdC111 011 12/10/24 dt				
	-Staff cursed the re	esidents all the time				
		AAs and the cook curse the				
	residents.					
		dents with water if the resident				
		ne staff had told the resident to				
	be quiet.					
	-It made him feel ba	ad the way the staff treated the				
	residents.					
	Interview with a fifth	n resident on 12/10/24 at				
	11:45am revealed:					
	-Staff members wer	re cursing the residents				ļ
	yesterday.	•				ļ
		h staff he stated, "All of them."				
		squirt water on residents.				ļ
		ad the way the staff treated the				
	residents.	and the standard the				
						ļ
	Interview with a sixt	th resident on 12/10/24 at				ļ
	1:21pm revealed:	1110314011t 011 12/10/24 at				ļ
		ents, loudly, to eat and get out				ļ
		ents, loudly, to eat and get out				
	of the dining room.					ļ
		se the residents every week.				ļ
		t the dining room quickly, so				ļ
	he did not have to li					
		members squirt residents with				ļ
	water every once in	n a while, but he did not know				

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DIVISION	Of Fleatill Service IN	syulation			_	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAIN	OI JOINLOTION	DENTI IOATION NOWIDER.	A. BUILDING:			LLILD
			D WING		F	
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIEL	HEIGHTS ASSISTED I	IVING 2065 CHU	JB LAKE RO	AD		
WAFEE	ILIGITIO AGGIOTED I	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 338	Continued From pa	ge 142	D 338			
	•					
	why.					
	1:31pm revealed: -Staff cursed the re resident to do some do itHe had seen staff a water bottle, like of lit made him feel saway they didHe prayed about it to.  Interview with an ei 11:39am revealed: -He heard yelling up time, even at 2:00a -He did not know if residents or bothThere was conflict	venth resident on 12//10/24 at sidents if the staff had told a ething and the resident did not members squirt residents with out of a cleaning bottle. and the staff treated people the for the residents it happened ghth resident on 12/11/24 at p and down the hall all the m. the yelling was staff or "around here all the time." If were hollering and cursing				
	12:03pm revealed: -About 2-3 weeks a grab a male resider resident.	th resident on 12/10/24 at ago, he saw a staff member nt by his arm and restrain the hy the male resident was				
	being restrainedHe saw the cook to	ap a male resident on the head thought the staff member was				
	clinical social worke 1:56pm revealed: -Her visits with the	acility's contracted licensed er (LCSW) on 12/10/24 at residents were confidential. with her how the staff talked				

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DIVISION	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:	<del></del>	COMP	
			B. WING		F	
		HAL073010	D. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE H	HEIGHTS ASSISTED L	IVING	JB LAKE RO			
		ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 338	Continued From pa	ge 143	D 338			
D 338	down to the resider madIt was about two mshared this with her-She only saw nine  2. Review of Reside 07/07/24 revealed: -Diagnoses include diabetes, chronic passes was intermitte.  Confidential intervies -The resident obserthe time." -The resident did not members hit Resident imeThe resident had confident #7 in the foould." -The resident was a staff members would. Interview with a reservealed he had sepunch Resident #7 month.  Interview with a second i	and it made the resident anonths ago when the resident of the residents at the facility. In the residents at the facility of the residents at the facility. In the residents at the facility of the residents at the facility. In the resident FL-2 dated of schizoaffective disorder, ain, and migraines. In the disoriented.  In the resident revealed: In the recall the last time staff of the recall the last anything the last at the recall the re	D 338			
	Resident #7.  Interview with a thir 11:37am revealed: -He had seen staff resident across the					
	weeks ago.	the living room about 3-4				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUI		l ` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BOILDING.			R
		HAL073010	)	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED	LIVING		JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIE Y MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
D 338	Continued From pa	age 144		D 338			
	Interview with a fourth resident on 12/10/24 at 11:45am revealed he had seen staff squirt water on Resident #7.						
	Interview with a fifth resident on 12//10/24 at 1:31pm revealed he had seen staff members hit Resident #7.						
	Interview with Resident #7 on 12/10/24 at 4:22pm revealed she would like to be treated nicely.						
	Telephone interview with Resident #7's family member on 12/11/24 at 9:24am revealed: -When she asked Resident #7 how things were going, Resident #7 talked about not being happy and people being mean to herWhen she asked Resident #7 for examples, Resident #7 would state Staff C did not like herResident #7 would tell her Staff C would not let her do anything.						
	Telephone interview primary care provid 4:31pm revealed: -Resident #7 had shad behaviorsIf Resident #7 was of behaviors, the fathe PCP and not phresident.	der (PCP) on 12/1 chizoaffective dis s having intermitte acility staff should	11/24 at sorder and ent episodes have called				
	Telephone interview mental health provided in 11:59am revealed light her she did not get	ider (MHP) on 12 Resident #7 had along with some	/12/24 at reported to of the staff.				
	<ul><li>3. Review of Residence</li><li>07/27/24 revealed:</li><li>-Diagnosis included</li></ul>		rL-2 dated				

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STATE FORM 6899 W91Y12 If continuation sheet 145 of 308

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010			F 42/4	R 7/2024
NAME 05					12/1	112024
NAME OF	PROVIDER OR SUPPLIER		B LAKE RO	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 338	Continued From pa	ge 145	D 338			
	-He was intermitten	tly disoriented.				
	Interview with a res revealed he had se Resident #10, most Interview with a sec 9:10am revealed he #10.  Interview with a thir 11:37am revealed he #10 with a stick and Interview with a fou 11:45am revealed: -He saw staff hit Resident #10 had cursed at the reside his [expletive] room	ident on 12/10/24 at 8:44am en multiple staff members hit trecently last month.  cond resident on 12/10/24 at e had seen staff hit Resident de had seen staff hit Resident de had seen staff hit Resident de a ruler.  rth resident on 12/10/24 at esident #10 yesterday,  dementia "really bad" and staff ent, telling Resident #10 to find it.  saw a staff member hit				
	Interview with a fifth 1:21pm revealed: -He had seen Staff -He had not seen R he did not know wh -He saw Staff C hit -He felt bad for Resme."  Interview with a sixt 1:31pm revealed he Resident #10.	n resident on 12/10/24 at				

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-He had lived at the facility "too long."

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.	<del></del>	   F	,
		HAL073010	B. WING		1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	B LAKE RO. D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 338	Continued From pa	ge 146	D 338			
	-When asked why the replied, "to see when to see when the replied, "to see when the replied in t					
	Interview with the Director on 12/10/24 at 4:37pm revealed: -Resident #10 said no woman was going to tell him what to doShe had not heard anything about Resident #10 being hit with a ruler.					
	Telephone interview with the Administrator on 12/13/24 at 2:31pm revealed he did not believe anyone had done anything to Resident #10, because the resident was aggressive and would not allow anyone to do anything to him.					
	clinical social worker 1:56pm revealed: -Her visits with the red visits with her visits with the red visit	residents were confidential. with her how the staff talked it and it made the resident onths ago when the resident of the residents at the facility.				
	revealed: -She had not seen a residents, hit reside water on residentsShe had not heard they had been curse	D on 12/10/24 at 4:31pm any staff curse at residents, hit nts with a ruler/stick, or spray any residents complain that ed, hit, or sprayed with water. d at any residents, hit a				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BUILDING.	<del></del>		₹
		HAL073010	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
D 338	Continued From pa	ige 147	D 338			
	resident, or sprayed	d water on a resident.				
	9:04am revealed: -She had never see voices at residents, residentsShe had not heard anyone had done the linterview with the Strevealed: -She had not seen residents, hit reside water on residentsShe had not heard they had been curse.	Staff C on 12/10/24 at 4:34pm any staff curse at residents, hit ents with a ruler/stick, or spray				
	Interview with a personal care aide (PCA) on 12/11/24 at 8:43am revealed: -She had never seen staff "be ugly" to the residentsShe had never heard any residents complain of staff being mean.					
	6:59pm revealed: -She worked 7:00p -She usually did no the residents becau other staff were lea -No residents had t residents, hitting the residents with wate	old her about staff cursing the e residents, or spraying the				
	revealed:	I any staff curse at the				

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STATE FORM 6899 W91Y12 If continuation sheet 148 of 308

	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				A. BUILDING.		F	,
		HAL07	3010	B. WING		I	7/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 338	Continued From pa	ge 148		D 338			
	residents, hit a resident, or squirt water on a residentShe had not cursed at a resident, hit a resident, or squirted water on a resident.						
	Telephone interview with the facility's contracted mental health provider (MHP) on 12/12/24 at 11:59am revealed: -What she had seen staff do was talk to the residents as if the residents were their "own" children, sternlyShe wondered if that may be what the residents were talking about because of the tone and the way the staff spoke to the residents.						
	Telephone interview with the facility's former primary care provider (PCP) on 12/11/24 at 4:31pm revealed: -Mistreating the residents would make the residents behaviors worse, not betterIt was morally wrong to mistreat the residents.						
	Interview with the Drevealed: -The only hitting she hitting staff membe -She had not heard being sprayed with -She had not obser residentsNo residents had cursed, hit, or spray-She was concerne behavior was not "h-"That was just not -She had worked w D, and it was hard the unless the residents in the resident might get the staff of the st	e was aware rs. anything abwater. ved or heard with wated with wated because the the want of the want	of was residents out any resident I staff curse at to report being er by staff. hat kind of ect". Itaff C, and Staff did not come to				

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				71. BOILDING.		 	
		HAL073	3010	B. WING		1	7/2024
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING		B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
D 338	Continued From pa	ge 149		D 338			
	-Her job was to pro	ect the reside	ents.				
	Telephone interview 12/13/24 at 2:31pm -He had not heard of Director told himIf there was anythin residents would tell -It was hard for him happenedIt would be unacce true.  Interview with the A 5:49pm revealed: -An accusation was -If he had known of have checked to se -If a resident believed it	revealed: of the allegation of the allegation of the allegation of the Divide the allegation of the al	ons until the oing on, the irector. e allegations had allegations were on 12/16/24 at on. ons, he could uilty or not. neir mind, the				
	4. Review of Reside 11/26/24 revealed or respiratory failure rebreakthrough seizu seizures, prolactino of traumatic brain in delay, chronic static intellectual disability  Observation of Res 12/10/24 at 8:10am  -There was a heavy movement.  -There was a trashe contained a wet add	liagnoses incequiring intubore, generalized ma, status explicitly, cognitive encephaloped with epilepsed ident #11's become revealed:	luded acute ation, ed tonic-clonic bilepticus, history e developmental athy, and y. edroom on e and bowel				
	-There was flooring #11's roommate tha	beside the b	ed of Resident				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G:	I COMP	LETED
					F	,
		HAL073010	B. WING			7/2024
		111.120.0010	I		1 12/1	172024
NAME OF F	PROVIDER OR SUPPLIER	STRE	EET ADDRESS, CITY	, STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	5 CHUB LAKE R			
		ROX	(BORO, NC 275	73		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	FRIATE	DAIL
D 338	Continued From pa	ige 150	D 338			
	Interview with Resid	dent #11 on 12/16/24 at				
	8:25am revealed:					
	-His roommate mov	ved into the room about a	year			
	ago.					
		n first and the roommate v	vas			
	moved into the roor					
		be around his roommate.				
		uld touch himself under the	9			
		ent #11 was in the room.	hina			
	him on his back.	kened to his roommate rub	build			
		I tried to touch him below t	he			
	waist while he was		.116			
		is roommate was standing	1			
		ng like he was going to hit				
	his fist was balled u					
	-His roommate had	gotten worse after a rece	nt			
	hospital visit about					
		commate to leave him alor	ne.			
		the Director and the				
		er the first time it happene				
	but they did nothing	would do something abou	זו וו,			
		յ. ng and asking them" to ge	_t			
		ite for longer than two mor				
	-They did nothing; t	<u> </u>				
		ministrator after he spoke t	to			
		e Supervisor because they				
	nothing.					
		hat the Administrator had	said			
	to him.					
		Administrator was not goir	ng to			
	do anything either "					
		e around his roommate because no one did anyth	ing			
	about it.	because no one did anyth	"'Y			
		be touched and his roomr	mate			
	wanted to touch hin		TIGLO			
		with another roommate.				
		is guardian about a new				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SU IDENTIFICATION	ON NITIMBED: 1	•	E CONSTRUCTION	(X3) DATE : COMPI	
				R	
HAL07301	1 <b>0</b>   B	3. WING		12/1	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, S	TATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED LIVING	2065 CHUB ROXBORO,				
(X4) ID SUMMARY STATEMENT OF DEFICIE PREFIX (EACH DEFICIENCY MUST BE PRECEDING REGULATORY OR LSC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETE DATE
roommate and why he wanted a ne -The guardian told him it was okay roommate or to change roomsHe did not know if his guardian spreameneHis roommate was supposed to use but he did notHis roommate urinated on the flootobowel movements in his bed, so the smelled badHis roommate had poop on his she -His room always smelled "really be his roommate.  Interview with a personal care aide 12/16/24 at 6:55pm revealed: -About a month ago Resident #11 toommate was touching himself where ownShe reported Resident #11's comp Supervisor about a month agoWhen she reported it to the Super "they were aware of it"She did not ask what the facility we about the complaintWhen Resident #11 would come to her his roommate was touching hin would let Resident #11 sleep on the common area because he did not we the room when his roommate was indoing that".  Interview with the Supervisor on 12 11:30am revealed: -Resident #11 had not spoken to he moving out of his roomHe had complained about his room but nothing major to herResident #11 would say his roomn	ew one. to get a new oke to se adult briefs, r and had e room oes. ad" because of  (PCA) on old her his nile he was in olaints to the visor, she said as going to do o her and tell nself, she e sofa in the want to be in in the room  2/16/24 at er about nmate snoring	D 338			

	IT OF DEFICIENCIES OF CORRECTION		ER/SUPPLIER/CLIA CATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				A. BUILDING:			
		HAL07	73010	B. WING		12/1	₹ 7/2024
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	LIVING		IB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
D 338	Continued From pa	_		D 338			
	-That had been about hat he did not know and he did not know a complained about hat himselfShe did not know a complained to her the staff kept and the roommate had been in the had been in the had been in the staff kept and been been been been been been been be	mmate about anything a or after Respire roommate what was do he one time ommate was noved in bedrevious roommates for never comple or odors in prector on 12 peen in the roomed togeth and arousal) a sues with the ent's room and togeth and arousal) a sues with the ent's room and togeth and arousal of his elf a couple of the ent is room and himself. It is a dabout his room and about his room a	at the complaint bout it. ident #11's e touching with ne and he only . s in the room first cause he did not nate. about a year. ained about his n his room.  2/16/24 at room first; he and ether for about a a diagnosis of crized by intense and was e roommate going and sitting on her had been no rooms. s roommate so there sure he did not coms. s roommate going mate was "nasty" roommate more				
	his roommate was was mostly during t	•					

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DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL073010	B. WING			
		HALU/3010	J		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CH	JB LAKE RO	ΔD		
MAPLE H	HEIGHTS ASSISTED L	IVING	O, NC 27573			
			1			
(X4) ID		TEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
.,		,		DEFICIENCY)		
D 338	Continued From pa	ige 153	D 338			
	-Resident #11 reque	ested a new roommate or to				
	change rooms.	ested a new roommate or to				
	· ·	been asking to move out of the				
			<b>*</b>			
	room since before November 2024Resident #11 said he wanted a new roommate					
	and he smelled bad	nate was always in his "stuff"				
		nt #11 if he told his roommate				
		eded a shower; he told her no.				
	-The roommate smelled because he was					
		t smelled like urine; he smelled				
	better after he took					
		t the bed because he pulled				
		down in the middle of the				
	night.					
		e of any bowel movement				
		l; she thought he always made				
	it to the bathroom.					
		plained because he just				
		t; he only complained of the				
		nmate urinated on himself or				
	had an accident.					
		d ask for a private room and				
	then change his mir	nd and want a roommate.				
	•	ed to move out, she would tell				
	him to let her check	र into it and get back.				
		sted to move out since his last				
	hospital visit.					
	-She had not moved	d Resident #11 because he				
	had other roommate	es and had been moved				
	before.					
	-Resident #11 had t	told her "about" his roommate				
	touching himself bu	it not about the roommate				
	touching Resident #					
		not told anyone about his				
	roommate touching					
	-She would have m	oved the roommate and				
		ation if there had been a				
	complaint of touchir					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL073010	B. WING			7/2024
		IIAE073010			12/1	112024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADIFL	HEIGHTS ASSISTED L	IVING 2065 CHU	B LAKE RO	AD		
WAFLE	IEIGH IS ASSISTED L	ROXBOR	O, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX	•	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEI IOIENOT)		
D 338	Continued From pa	ge 154	D 338			
	Interview with the A	dministrator on 12/16/24 at				
	3:50pm revealed:	· <del>_</del> · · · · · · · ·				
	•	multiple roommates and they				
	never worked out.	p.c .comatoo and thoy				
		not get his way he acted out.				
		er at a staff the other day.				
		ed multiple times; he had				
		d also roomed alone.				
		h Resident #11 last week				
		ing "this roommate".				
		ot give a reason why he did				
	not want this roomn	· ·				
		nt #11 just did not like him.				
		a roommate for Resident #11;				
		w many roommates he had.				
		quiet, stayed to himself and				
	did not have behavi					
		in everyones' business and his				
		oommate were a constant				
	roller coaster.					
		not complained or told him of				
	his roommate touch					
		never complained about				
	anyone touching hir					
		ld have told him or the				
		oommate touching himself; he				
	would have found a					
		d told the Director or him				
		e attempting to touch him				
		een an investigation.				
		d complained to staff, he				
	expected them to co	ome to the Director or him				
	with the information					
	-If Resident #11's ro	commate had touched him, he				
		; there would have been a				
		ause that was the way				
	Resident #11 was.	,				
		ow long Resident #11 had				
		om with his current				

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roommate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL07	3010	B. WING		l I	R <b>17/2024</b>
	PROVIDER OR SUPPLIER	LIVING	2065 CHU	DRESS, CITY, S B LAKE ROA O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 338	Continued From para-He did not think Reproblems coming to anythingWhen Resident #1 wanting a new room have a discussion of thought Resident #1  Attempted telephor #11's guardian on 1 unsuccessful.  Attempted telephor #11's mental health at 10:31am was un  The facility failed to from verbal and phy C physically abused residents were curs and multiple reside resulting in the residents were sulted in abuse a and constitutes a Time facility provided accordance with G.  THE CORRECTION VIOLATION SHALL 2025.	esident #11 von him and tall of him and tall of him and tall 1 had complement in the with Resident 11 was okay. The interview von provider (Misuccessful. The ensure residual and a resident (sed at by Stants were spradents feeling staff treated to the individual of a plan of prosider (S. 131D-34 of N. DATE FOR	ained about past, he would t #11, and he with Resident 45am was with Resident HP) on 12/16/24 dents were free Staff B and Staff (#10), multiple ff B and Staff D ayed with water bad and anxious hem. This failure to the residents tion.	D 338			
D 344	10A NCAC 13F .10 10A NCAC 13F .10 (a) An adult care h the resident's physi for verification or cl	02 Medicatio ome shall en cian or preso	on Orders nsure contact with cribing practitioner	D 344			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL073010		B. WING			R <b>17/2024</b>
	NAME OF PROVIDER OR SUPPLIER  MAPLE HEIGHTS ASSISTED LIVING  ROXBO						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	medications and tre (1) if orders for adm resident are not dat of admission or rea (2) if orders are not (3) if multiple admis admission or readm forms are not the sa The facility shall en clarification is docurecord.  This Rule is not me Based on observati interviews, the facili the resident's preso clarification of medi sampled residents antibiotic, two supp spray, a stool soften (#2), a stool soften The findings are:  1. Review of Reside 09/21/24 revealed: -Diagnosis included -There was an orde fingerstick blood su any/all insulins; hold -There was an orde acting insulin) subc -There was an orde	eatments: hission or readmission of the and signed within 24 dmission to the facility; clear or complete; or sision forms are received hission and orders on the ame. Sure that this verification mented in the resident's et as evidenced by: ons, record reviews, and ity failed to ensure contaction orders for 3 of 4 (#2, #3, #5) including and lements, eye drops, has her, and an anti-itch lotter (#3).	d upon e n or side act with sall on ted	D 344			
	10/10/24 to 10/31/2	tration record (MAR) fro					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				F	
	HAL073010	D. WING		12/1	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED LI	VING	B LAKE RO. D, NC 27573			
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
FSBS readings less time of 7:30am, 11:3 -There was an entry daily with mealsThere was documer administered from 10 10/30/24 at 7:30am, on 10/29/24 and 10/3 -There was no docur administered on 10/2 8:00pm; the MAR wa-There was an entry scheduled administration on 10/30/24 at 8:00pm; -There was no docur was administered from 10 10/30/24 at 8:00pm; -There was no docur was administered on on 10/31/24 at 8:00p -There was no docur to indicate if the Novinsulin should be helemal.  Review of Resident at electronic medication (eMAR) from 12/01/2 -There was an entry prior to giving any/all FSBS readings less time of 7:30am, 11:3 -There was an entry scheduled administration of 11/10/24 to 11/30/24 -There was documer administered from 11/11/10/24 to 11/30/24 -There was documer	I insulins; hold insulin for than 100 with a scheduled 10am, 4:30pm, and 7:30pm. for Novolog SSI three times on tation Novolog SSI was 0/10/24 to 10/28/24 and on 11:30am and 4:30pm; and 31/24 at 7:30am. mentation Novolog was 29/24 and on 10/31/24 at as blank. for Lantus 55 units SQ with a ation time of 8:00pm. Intation Lantus 55 units was 0/01/24 to 10/27/24, and on 10/28/24, on 10/29/24 and om; the MAR was blank. mentation of FSBS readings rolog insulin and/or the Lantus d.  #5's November 2024 insulin for than 100 with a scheduled to check and record FSBS I insulins; hold insulin for than 100 with a scheduled 10am, 4:30pm, and 7:30pm. for Lantus 55 units SQ with a ation time of 8:00pm. Intation Lantus 55 units was 1/01/24 to 11/08/24 and from 11/08/24 and from	D 344			

6899

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		(X1) PROVIDER/SU		` ′	E CONSTRUCTION		SURVEY PLETED	
				A. BUILDING:			R	
		HAL07301	0	B. WING			17/2024	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MAPI E HEIGHTS ASSISTED LIVING			IB LAKE RO O, NC 27573					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
D 344	Continued From particles of Review of Resident from 12/01/24 to 12-There was an entroprior to giving any/a FSBS readings less time of 7:30am, 11:-There was documed 7:30pm of a FSBS -There was an entroprior to giving any/a FSBS reading administered on 12 Interview with a med 12/12/24 at 2:41pm -She held all of Residular with the finsulin when Residular when asked why interest in the second of	a #5's December 12/10/24 revealed by to check and real insulins; hold in the stand 100 with a 30am, 4:30pm, a sentation on 12/00 reading of 94. By for Lantus 55 utration time of 8: reation Lantus 6/06/24 at 8:00pm dication aide (Marevealed: sident #5's insulinated was 85. ast-acting and the sent #5's FSBS wast-acting and the mat for Resident #5's for Resident #5's for Resident #5's for Resident #5's insulin if the Foundation for the formal fo	ecord FSBS nsulin for a scheduled and 7:30pm. 6/24 at units SQ with a 00pm. 55 units was n. A) on ns if Resident ne long-acting as below 85. with a FSBS not respond. MA on 5 if her FSBS ectly on a #5's FSBS she held any nacist from the 2/16/24 at a for FSBS	D 344				

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STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7.1. 20123.110.		R	
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 344	Continued From pa	ge 159	D 344			
	associated with an -The pharmacy had from the facility to c -The facility staff sh care provider (PCP Telephone interview Resident #5's prima	I not received any notifications				
	-She did not know was written the way -No one from the fa	why Resident #5's insulin order it was. acility had notified the PCP				
	Interview with the Director on 12/16/24 at 5:03pm revealed: -The MAs could not determine which insulin to hold for a low FSBS reading; the order was not clearThe MA should have called the PCP office to clarify the order.					
	12/17/24 at 2:53pm have clarified the or	w with the Administrator on revealed the MAs should rder to ensure the correct len Resident #5's FSBS 100.				
	09/10/24 revealed: -Diagnoses include artery diseaseThere was no orde antibiotic) 300mg t Potassium Chloride and prevent low blo extended-release (l	ent #2's current FL-2 dated d hypertension and peripheral er for Clindamycin (an hree times daily, e (a supplement used to treat bod potassium) ER 20meq ER) take one tablet once daily, lement used to treat and				

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	R
HAL073010 B. WING 12/	17/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
MARI E HEIGHTS ASSISTED LIVING 2065 CHUB LAKE ROAD	
MAPLE HEIGHTS ASSISTED LIVING ROXBORO, NC 27573	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 344  Continued From page 160  prevent bone disorders) 25mcg (1,000 unit) take one tablet once daily, Artificial tears (used to lubricate dry eyes) 1% eye drops, instill 2 drops in both eyes three times daily, Fluticasone Propionate (used to relieve sneezing, litchy or runny nose) 50mcg/actuation nasal spray, suspension, spray one spray in each nostril every morning, Docusate Sodium (used to treat and prevent constipation)100mg, take one capsule twice daily and Sarna lotion (anti-itch cream) 0.5% apply to litchy skin twice daily.  Review of Resident #2's September 2024 medication administration record (MAR) from 09/10/24-09/30/24 revealed:  -There was an entry for Clindamycin HCL (no other information documented) with a scheduled administration time of 7:00am, 3:00pm, and 11:00pm.  -Clindamycin was documented as administered at 7:00am, 3:00pm and 11:00pm from 09/10/24-09/18/24.  -There was an entry for Potassium Chloride ER 20meq ER once daily with a scheduled administration time of 9:00am.  -Potassium Chloride was documented as administered at 9:00am from 09/10/24-09/20/24 and on 09/26/24.  -There was an entry for ratificial tears two drops in each eye three times daily with a scheduled administration time of 9:00am.  -Vitamin D3 was documented as administered at 9:00am from 09/10/24-09/20/24 and on 09/26/24.  -There was an entry for artificial tears two drops in each eye three times daily with a scheduled administration time of 9:00am, 3:00pm, and 9:00pm.  -Artificial tears were documented as administered at 9:00am, 3:00pm, and 9:00pm, and 9:00pm from 09/10/24-09/20/24.	

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.		   F	,
		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADIE	MAPLE HEIGHTS ASSISTED LIVING 2065 CHI			AD		
WAPLE	HEIGHTS ASSISTED I	ROXBORG	D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 344	Continued From pa	ge 161	D 344			
	-There was an entronce daily with a so 9:00amFluticasone nasal administered at 9:0 -There was an entr 100mg, one tablet, administration time -Docusate Sodium administered twice from 09/10/24-09/2 09/22/24 and 09/25 9:00pm on 09/26/2-There was an entraffected area for ito application time of 9-Sarna lotion was discontinuous discontinu	y for Fluticasone Nasal Spray cheduled administration time of spray was documented as 0am from 09/10/24-09/20/24. Ye for Docusate Sodium twice daily with a scheduled of 9:00am and 9:00pm. was documented as daily at 9:00am and 9:00pm 0/24 and at 9:00pm on 1/24, and at 9:00am and 4. Ye for Sarna lotion twice daily to the skin with a scheduled 9:00am and 9:00pm. ocumented as applied at 1/24-09/18/24 and at 9:00pm				
	10/01/24-10/15/24 -There was an entr 20meq ER once da administration time -Potassium Chlorid administered at 9:0 -There was an entr with a scheduled ac -Vitamin D3 was do 9:00am from 10/01 -There was an entr in each eye three ti administration time 9:00pmArtificial tears were at 9:00am, 3:00pm. 10/01/24-10/15/24There was an entr	y for Potassium Chloride ER illy with a scheduled of 9:00am. e was documented as 0am from 10/01/24-10/15/24. y for Vitamin D3 once daily dministration time of 9:00am. ocumented as administered at /24-10/15/24. y for artificial tears two drops mes daily with a scheduled of 9:00am, 3:00pm, and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				A. BUILDING.			R
		HAL073	010	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	MAPLE HEIGHTS ASSISTED LIVING  2065 CH ROXBOR						
(X4) ID	SLIMMARY STA	TEMENT OF DEFI		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE
D 344	Continued From pa	ge 162		D 344			
	9:00amFluticasone nasal administered at 9:0 -There was an entr 100mg, one tablet, administration time -Docusate Sodium administered twice from 10/01/24-10/1 -There was an entr affected area for its administration time -Sarna lotion was d 9:00am from 10/01 Review of Resident	spray was doc 0am from 10/0 y for Docusate twice daily with of 9:00am and was documen daily at 9:00a 5/24. y for Sarna loti shy skin with a of 9:00am and ocumented as /24-10/15/24.	o1/24-10/15/24. e Sodium h a scheduled d 9:00pm. ted as m and 9:00pm ion twice daily to scheduled d 9:00pm. s administered at				
	dated 10/15/24 revi- Medication list incl 20meq extended-re once daily, Vitamin one tablet once dai drops, instill 2 drop daily, Fluticasone F nasal spray, suspen nostril every mornin take one capsule to 0.5% apply to itchy -There was a note supply of the above Primary Care Provi  Observation of Res hand on 12/10/24 a -There was a punch dispensed on 11/27 were remaining on -There was a punch dispensed on 12/00 the punch card.	ealed: uded Potassiu elease (ER) tal D3 25mcg (1, ly, Artificial tea s in both eyes propionate 50r nsion, spray or ng, Docusate S vice daily and s skin twice dail to please set u e and follow up der (PCP) for the dident #2's med at 11:52am rev n card for Vital (7/24 for 10 tabl the punch card n card for Docusate S	m Chloride ER ke one tablet 000 unit) take urs 1% eye three times mcg/actuation ne spray in each Godium 100mg, Sarna lotion y. up a 30-day with the further refills. dications on ealed: min D3 lets; 7 tablets d. usate Sodium				

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	Of Fleatin Service IN					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
, I L/11V	J. 301112011014		A. BUILDING:	<del></del>		
					F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TO WILL OF	2065 CH					
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
	OUR MAN DV OTA				211	
(X4) ID PREFIX	_	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
D 344	Continued From pa	ae 163	D 344			
	-					
	09/17/24; the bottle					
		of fluticasone dispensed on				
	09/17/24; the bottle					
	08/09/24; the bottle	of Sarna lotion dispensed on				
	T	ssium chloride available to be				
	administered.	issian chiefae available to be				
	dammiotoroa.					
	Telephone interview with a pharmacist from the					
	facility's contracted pharmacy on 12/11/24 at					
	2:04pm revealed:					
		I not received a copy of				
	Resident #2's FL-2					
		lications were being filled from				
	prescriptions from					
		d a copy of Resident #2's FL-2				
		medication listed would have				
	been filled.	t listed on the FL-2 would be				
		esident's profile and would not				
	be refilled.	coldent o profile and would not				
		uld reach out to the primary				
		) to get clarification on any				
		thought was in error, such as				
		hould have been tapered off				
	and not stopped ab					
		Clindamycin 300mg three				
		ave been clarified because an				
		cin 300mg three times daily for				
		ceived on 09/06/24.				
		ication that would have been				
	discontinued without clarification would have					
		otassium Chloride, Artificial				
		Docusate Sodium, and Sarna e medications could have				
		because the medication was				
	no longer needed.	because the medication was				
	iongoi noodod.					
	Interview with a me	dication aide (MA) on				
	12/13/24 at 9:04am					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NU		' '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BUILDING.			₹
		HAL073010		B. WING			\  7/2024
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPI E HEIGHTS ASSISTED LIVING				IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	Director handled the lift there were any moders on the MAR-The pharmacy was orders on the MAR-The pharmacy with anoth 11:00am revealed:  She did not look at the she was a she did not know the completed new FL-2 if there had be the she usually ran the from the eMAR and documented "see a she had written in #2's FL-2 dated 09/2. She had not attack with Resident #2's remove the documented with Resident #2's remove the order she wrote the order she wrote the order she did not know slisted on Resident #2's Conce the resident was filed.  She did not fax FL not know she need.	esident's FL-2 becauses. nedication changes in MAs verbally before. It is responsible for entire a resident's FL-2. In the medication on 12/16/24 we FL-2s based on the en no changes. It is current list of medications on 12/16/24. In the medications on 13/16/24. In the medications on 13	the ore it was ering new at at a se for the at 3:11pm are previous cations L-2 and Resident as orders not dist when dications a Vitamin op date the FL-2, she did	D 344			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	
				F	·
	HAL073010	B. WING		12/1	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED L	IVING	B LAKE RO. D, NC 27573			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
FL-2s annually on the Once a FL-2 had be the PCP, the Director pharmacy.  -The Director should any medications that on the signed FL-2The Director should the stop date for Reside 11/06/23 revealed: -Diagnoses included retardation, diabetes hypertensionThere was an order to treat constipation) hold for loose stools -There was no frequence was an entry mix 17gm into 8 oundrink and hold for loose sheduled time for a -There was no docupolyethylene glycol month of October 20 Review of Resident administration recorrevealed: - There was an entry mix 17gm into 8 oundrink and hold for loose stools -There was an entry mix 17gm into 8 oundrink 17gm into 8 o	esponsible for completing he resident. een completed and signed by or should fax the FL-2 to the display have gotten clarification on the were on the MAR and not display have gotten clarification on sident #2's Clindamycin. In the weap of the many have gotten clarification on sident #2's Clindamycin. In the weap of the many have gotten clarification on sident #2's Clindamycin. In the weap of the wea	D 344	DETIGIENCT)		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL073010		B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIF	HEIGHTS ASSISTED I	IVING	2065 CHU	B LAKE RO	AD		
WAFEE	ILIGITIO AGGIGILD I	LIVING	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 344	Continued From pa	ge 166		D 344			
	Review of Resident 2024 from 12/01/24 - There was an entropy into 8 out hold for loose stools. There was no door polyethylene glycol from 12/01/24 to 12 Observation of Resident	to 12/13/24 revea ry for polyethylene nces of fluid and di s scheduled at 12:0 umentation Residen had been administ 2/13/24.	led: glycol 3350 rink and 00am. nt #3's ered the				
	on 12/10/24 at 2:08 -There was an unoper glycol dispensed or administrationThe instructions or bottle were 17gm of loose stools.	pm revealed: pened bottle of poly n 11/27/24 available n the pharmacy lab	yethylene e for el on the				
	Telephone interview facility's contracted 3:20pm revealed: -Resident #3 had a polyethylene glycol 8:00am; hold for local -A thirty-day supply dispensed on 11/27-Sometimes the fremedication label wo -The complete information emaker.	n order dated 07/3 17gm in water onc ose stools. of polyethylene gly 1/24. quency information ould get cut off.	0/24 at 1/24 for se daily at vcol was				
	Telephone interview primary care provid 5:15pm revealed R 10/22/24 for polyeth once daily as needed.	er (PCP) on 12/11/ esident #3 had an onene glycol 17gm in ed (PRN) for consti	24 at order dated n water pation.				
	Interview with a me		on				

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation				_	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUF		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION	N NUMBER:	A. BUILDING:		COMP	LETED
						R	
		HAL073010	1	B. WING		1	7/2024
NAME OF I	PROVIDER OR SUPPLIER		STDEET AD	DESS CITY S	STATE, ZIP CODE		
NAIVIL OI I	-NOVIDEN ON SUFFEIEN						
MAPLE I	MAPLE HEIGHTS ASSISTED LIVING			B LAKE ROAD, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE	
D 344	Continued From page 167			D 344			
	-Resident #3's poly be seen on the eM/on the eMAR it was "error" on itShe let the Director messageIt had only been or daysThe Director would day or soShe could not adm polyethylene glycol the order.	AR because when a highlighted in resonant the remark for a line taken callinister Resident a	n it came up d and had error couple of re of within a				
	Interview with a sec 9:25am revealed: -She thought Resid had been discontinuition blacked out on the left the eMAR showed was because the order of the emal of the	ent #3's polyethy ued because it careman was written administer it a core was any polyete	lene glycol ame up nedication it vrong. came up as and she r needed to rect the error thylene glycol 24 at 3:15pm the eMAR he label to				
	-She was not aware until yesterday whe	n the MA told her	about it.				

eMAR, it came up as an error in red and the MAs

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DIVISION	of Health Service Re	egulation	_			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R	
		HAL073010	B. WING			7/2024
		11/25/00/10			1 14/1	112024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
MADIEL	HEIGHTS ASSISTED L	1VING 2065 CH	UB LAKE RO	AD		
WAPLE	TEIGHTS ASSISTED L	ROXBOR	RO, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEI IOIEITOT)		
D 344	Continued From pa	ge 168	D 344			
	could not see what	the error was				
		the pharmacy and they told				
		lectronic company eMAR				
		t she could not reach them. the problem with the				
		was the order was incomplete				
	and did not have a					
		o look at the label on the				
	polyethylene glycol to see what the order wasShe did not know the order was visible on a print					
	out of the eMAR; if she had known she would have printed it out sooner to look for the problem.					
		ealized the issue when she				
		time on the eMAR screen was				
		on would not be scheduled for				
		e middle of the night.				
		ave notified her as soon as				
		on the eMAR; she thought the				
		ne screen for a few days.				
		sooner, she would have tried to	<b>)</b>			
	find the error soone					
	-The PCP should ha	ave been contacted to find out				
	what the frequency	for the medication was and				
	have a new order w	ritten to include the				
	information.					
		ll the pharmacy or the PCP,				
	but they may not kn					
		ole for contacting the				
		CP for clarification of				
	medication orders.					
		dministrator on 12/16/24 at				
	4:20pm revealed:	to the Discrete and the				
		to the Director when there				
	was an error notification					
		rt the error reading as soon as				
	they saw it.					
		esponsible for reviewing what				
	was wrong with the	medication order in the eMAR	.			

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and correcting it in the eMAR.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		·	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			D WINC		F	
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 344	Continued From pa	ge 169	D 344			
	the pharmacy for the discovered to the electric The Director would issue with the order her.  -He expected the M	not have known there was an or the error until the MAs told  As to inform the Director of or her to take care of getting				
{D 358}	10A NCAC 13F .10 Administration	04(a) Medication	{D 358}			
	(a) An adult care hereparation and adult prescription and no by staff are in accord (1) orders by a lice which are maintained	04 Medication Administration ome shall assure that the ministration of medications, n-prescription, and treatments dance with: nsed prescribing practitioner ed in the resident's record; and ction and the facility's policies				
	This Rule is not me FOLLOW-UP TO T	et as evidenced by: YPE A1 VIOLATION				
	Based on these find Violation was not al	lings, the previous Type A1 pated				
	reviews, the facility were administered a residents (#1, #2, # #13) including two to medications (#1); a medications for BP stabilizing (#3); an it tremors (#7); an infr	ons, interviews, and record failed to ensure medications as ordered for 9 of 9 sampled 3, #6, #7, #8, #9, #11 and blood pressure (BP) BP medication (#2); two and a medication for mood nhaler (#6); a medication for laler and a topical pain or inhalers (#9); a medication				

DIVISION	<u>of Health Service Re</u>	egulation					
	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL07	3010	B. WING		12/1	R <b>7/2024</b>
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING		B LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 170		{D 358}			
	for seizures and a medication for mood stabilizing (#11); and a BP medication (#13).						
	The findings are:						
	1. Review of Reside 11/05/24 revealed of falls, gait instability, hyperglycemia, hyp	liagnoses ind diabetes me	cluded multiple ellitus type 2 with				
	Review of Resident 02/21/24 revealed of vascular accident, of hyperlipidemia.	diagnoses in	cluded cerebral				
	Review of Resident Services (EMS) rep 12/04/24 revealed: -Resident #1 was tr Department (ED) 9 -Resident #1 comp 10/21/24, 10/26/24, -Resident #1 exper (BP) of 78/49 on 10-Resident #1 fell, hi causing a laceration hematoma to the barrasident #1 fell, hi causing a hematom -Resident #1 fell, hi causing a 1x1 cm a abrasion above the around the right eye	corts from 10 cansported to times due to lained of dizz 10/30/24, an ienced a low 1/26/24. Itting his head ack of his head atting his head brasion on his right eyebro	the Emergency falls. Einess with falls on and 11/26/24. blood pressure don 10/25/24 and a ad. don 10/26/24 don 10/30/24 ais scalp, 1cm				
	-Resident #1 fell, hi 10/31/24; he had m and bruises in vario body. -Resident #1 fell ba did not remember t	tting the bac ultiple abras ous stages of ckward, hitti	ions, skin tears, healing over his				

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	IT OF DEFICIENCIES		(VO) MULTIPL	E CONSTRUCTION	(VO) DATE	CLIDVEV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	·		(X3) DATE COMP	LETED
			A. DUILDING:			
			D WINC		F	
		HAL073010	D. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADIEI	HEIGHTS ASSISTED L	1VING 2065 CHU	B LAKE RO	AD		
WAPLE	TEIGHTS ASSISTED L	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 171	{D 358}			
	Review of Resident 10/21/24 to 12/04/2 - On 10/21/24, Resident staff reported Residence seconds, returned this primary care prospected loss of comminutes, swelling not fracture noted, returned to a larger medical facility on 10/26/24, Residence ausing a subarach to a larger medical facility on 10/27/24 On 10/30/24, Residence ausing a 1x1 cm for right scalp 1 cm about with bruising around returned to the facility on 12/04/24, Residence ausing a 1x1 cm for right scalp 1 cm about the facility on 12/04/24, Residence ausing a 1x1 cm for returned to the facility on 12/04/24, Residence ausing a 1x1 cm for returned to the facility on 12/04/24, Residence ausing a 1x1 cm for returned to the facility on 12/04/24, Residence ausing a 1x1 cm for returned to the facility of his head, causing	#1's ED reports from 4 revealed: dent #1 fell while ambulating, lent #1 was unconscious a few o facility and to follow-up with ovider (PCP) and Neurologist. dent #1 fell with head injury, asciousness less than 2 oted in left elbow with no rned to facilty and to follow-up ologist. dent #1 fell, hitting his head, anoid hemorrhage, transferred center, an discharged to the dent #1 fell, hitting his head all-thickness abrasion of the ove the eyebrow on the right d the right eye socket,				
	10/30/24 revealed: -Resident #1 was swith head injuryHe was placed on admitted to the hos	#1's ED visit summary dated een in the ED related to a fall observation for 24 hours, then pital on 10/31/24 for gait ole falls with injuries, likely static hypotension.				
	summary dated 11/ -Resident #1 was a instability and multi -Resident #1 was d	#1's hospital discharge 05/24 revealed: dmitted to the hospital for gait ble falls on 10/31/24. ischarged to a skilled for physical therapy and				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	
, I D. (IV	5. 5514 E511014	DEITH IO, HIOH HOMBER.	A. BUILDING:			
		HAL073010	B. WING		12/1	? 7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING 2065 CHU	B LAKE RO	AD		
WALLE I	ILIOITTO AGGIGTED L	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 172	{D 358}			
	occupational therap -Resident #1's mult secondary to orthos -Resident #1's BP r discontinued.	iple falls with injuries likely static hypotension.				
	from the rehabilitation revealed: -There was a FL-2 assummary dated 11/2 rehabilitation center #1 was transferred -There was an order 10mg (used to treat discharge summary)	r to discontinue amlodipine t BP) daily on the FL-2 on the				
	electronic medication (eMAR) from 11/20/2-There was an entry with a scheduled according administered daily for there were except 11/20/24 to 11/21/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-1/2-					
	from 12/01/24 to 12 -There was an entry with a scheduled ac	#1's December 2024 eMAR 2/12/24 revealed: y for amlodipine 10mg daily dministration time of 8:00am.				

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administered daily from 12/03/24 to 12/06/24.

	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA CATION NUMBER:		E CONSTRUCTION	(X3) DATE	
				7 t. BOILBII (6.		F	.
		HAL07	<b>73010</b>	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING		B LAKE RO. D, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 173		{D 358}			
	-There were exceptions documented on 12/01/24 and 12/02/24 and from 12/07/24 to 12/10/24; the exception was resident was out of facility.						
	Review of Resident #1's blood pressure (BP) readings from November 2024 to December 2024 revealed:						
	-There was docume readings in Novemb 155/105						
	-There was docume reading in December 144/96.						
	Observation of med #1 on 12/10/24 at 4 amlodipine available	:07pm revea	aled there was no				
	Telephone interview the facility's contract 2:36pm revealed: -The pharmacy had	ted pharma	cy on 12/13/24 at				
	daily dated 10/15/24 -The medication was upply was dispens to start on the cycle 11/06/24.	4. is on cycle fi ed on 10/01	lled and a 30-day /24 and 11/01/24				
	b. Review of Reside		•				
	revealed: -There was a FL-2 summary dated 11/rehabilitation center #1 was transferred	05/24 that w on 11/05/24	as sent to the when Resident				
	-There was an orde potassium 100mg ( FL-2 and the discha -There were no other	used to trea arge summa	t BP) daily on the ry dated 11/05/24.				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. BOILBING.		   F	
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 174	{D 358}			
{D 356}	Review of Resident 11/20/24 to 11/30/2 -There was an entry 100mg daily with a of 8:00amThere was docume had been administed 11/25/24 at 8:00amThere were except 11/26/24 to 11/30/2 out of facility.  Review of Resident from 12/01/24 to 12-There was an entry 100mg daily with a of 8:00amThere was docume had been administed 12/06/24There were except 12/07/24 to 12/10/2 was out of the facility-There was no document 12/02/24; the eMAF.  Review of Resident November 2024 to 12/02/24; the eMAF.  Review of Resident November 2024 to 15/105 -There was document 155/105 -There was document 155/105 -There was document 15/105	#1's November 2024 eMAR 4 revealed: y for losartan potassium scheduled administration time entation losartan potassium ered daily from 11/20/24 to . tions documented from 4; the exception was resident  #1's December 2024 eMAR 2/12/24 revealed: y for losartan potassium scheduled administration time entation losartan potassium ered daily from 12/03/24 to tions documented from 4; the exception was resident ty. eumentation on 12/01/24 and	{D 336}			

STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			D WING		F	
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	JB LAKE RO			
		ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From page 175		{D 358}			
	the facility's contract 2:36pm revealed: -The pharmacy had daily dated 08/13/24 -The medication was supply was dispensito start on the cycle 11/06/24.	as on cycle filled and a 30-day sed on 10/01/24 and 11/01/24 fill date of 10/06/24 and dication aide (MA) on				
	-Resident #1 was h -Resident #1 starte 2024Resident #1 was s but the hospital won not make any chan -Resident #1 compl he got up to ambula -She told the Direct complained of dizzi -She did not comm provider (PCP), the who communicated -Resident #1 contin	aving multiple falls. d falling frequently in October ent to the hospital frequently, uld send him back and would ges to his medication. lained of dizziness each time ate. or that Resident #1 ness every day. unicate with the primary care Director was the only one				
	and ED visitResident #1's BP v was only one time h -On 11/25/24 at 8:0 89/53; she did not r low BP to the Director was r hospital discharge sorders to the pharm	vas taken twice daily; there his BP was low.  0am Resident #1's BP was ecall reporting Resident #1's tor. Resident #1's hospital // esponsible for reviewing the summary and faxing new				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		71. BOILDING.		F	2
	HAL073010	B. WING		1	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED L	IVING	B LAKE RO. O, NC 27573			
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
11/19/24She continued to awere on Resident #/medicationsShe did not know Rhad been discontinued the hospital because dropping.  Telephone interview the facility's contract 2:36pm revealed: -The pharmacy did repharmacy did repharmacy did repharmacy did repharmacy did repharmacy did resident was out of the discharge summary 11/05/24The facility should resident was out of the computerThe pharmacy enter the computerThe pharmacy wou for medications for Resident was a sudden they stood upWhen there was a resident could becord of Resident #1's BP administered even the stood up.	dminister the medications that 1's eMAR, including the BP Resident #1's BP medications are with a representative from ted pharmacy on 12/11/24 at mot know Resident #1 was in and did not know Resident #1 was in and did not know Resident #1 was in and for Resident #1 dated for Resident #1 dated for Resident #1 dated motify the pharmacy when a the facility greater than 7 rered all medication orders into all d not have any new orders Resident #1 since the reside	{D 358}	DEFICIENCY		

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DIVISION	ivision of Health Service Regulation						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CL		(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	R: A	A. BUILDING:		COMP	LETED
						F	,
		HAL073010	В	B. WING		12/17/2024	
		TIALOTOOTO				12/1	112024
NAME OF I	PROVIDER OR SUPPLIER	STF	REET ADDR	RESS, CITY, S	TATE, ZIP CODE		
MADLE	HEICHTS ASSISTED I	200	65 CHUB	LAKE ROA	AD		
WAPLE	HEIGHTS ASSISTED I	RC	XBORO,	NC 27573			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	ON OC	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION	l)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
					DEL TOILING!)		
{D 358}	Continued From pa	ige 177	{	(D 358)			
	sould become dizzy and fall						
	could become dizzy and fall.						
	Interview with the Director on 12/11/24 at						
	11:22am revealed:	Director on 12/11/24 at					
		nultiple falls in the past 1	to 2				
	months with ED vis		10 2				
		ot complain of dizziness t	o her				
		port a low BP reading to I					
		d several of Resident #1'					
	-One time, he got out of bed and walked to his						
		appeared unbalanced,					
	confused and weak						
		saw Resident #1 stumble	in the				
	hallway and she lov	wered him to the floor.					
	-She reviewed the	medications on the FL-2,	but				
	did not compare the	e FL-2 to the eMAR.					
	-The pharmacy wo	uld enter the medications	;				
	changes in the eMA						
		axed Resident #1's FL-2					
		rmacy when Resident #1					
		lity from rehabilitation on					
	11/19/24.						
	1. 4	10.101.101.000.000.40/47/04					
		Administrator on 12/17/24	at				
	2:53pm revealed:	locident #1 was falling					
		lesident #1 was falling. rhat orthostatic hypotensi	on				
	was.	mat of thostatic hypotensi	OII				
		esident #1's BP medicat	ions				
		ing administered after th					
	had been discontin		- 3				
		ded in the nospital. I about the safety of Resi	dent				
		tinued being administere					
		was discontinued, and					
		ain of dizziness and was					
	having falls.						
		d not do what should hav	re l				
	· -	care of Resident #1's					
	well-being.						
		irector to fax all discharg	je				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BOILDING.		,	₹
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	JB LAKE RO 20, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 358}	Continued From page 178		{D 358}			
	summaries and FL-2 to the pharmacy for review, so medication changes could be added to the eMAR.					
	Attempted telephone interviews with Resident #1's PCP on 12/13/24 at 10:09am and on 12/16/24 at 9:00am were unsuccessful.					
	reviews it was dete	ons, interviews, and record rmined Resident #1 was as unable to be interviewed.				
	Refer to the intervient:14pm.	ew with a MA on 12/10/24 at				
	Refer to the intervient 12/12/24 at 3:15pm	ew with the Director on				
	Refer to the intervient 12/16/24 at 2:45pm	ew with the Director on				
	Refer to the telepho Administrator on 12	one interview with the 2/17/24 at 2:42pm.				
	11/26/24 revealed: -Diagnoses include requiring intubation generalized tonic-ci status epilepticus, hinjury, cognitive devistatic encephalopat with epilepsy.	ent #11's current FL-2 dated d acute respiratory failure , breakthrough seizure, onic seizures, prolactinoma, nistory of traumatic brain velopmental delay, chronic thy, and intellectual disability admitted to the hospital on				
	Services (EMS) reprevealed:	#11's Emergency Medical ports from 11/09/24 to 11/17/24 transported to the emergency				

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STATE FORM 6899 W91Y12 If continuation sheet 179 of 308

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
					,	₹
		HAL073010	B. WING		<b>I</b>	17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 358}	department (ED) or multiple seizures, fa his head on the floor-The staff reported had a seizure, fell, wallResident #11 was 11/16/24 with alterespeech.  Review of Resident 11/09/24 to 11/17/2-On 11/09/24, Resident facility with instruction change on 11/12/24, Resident facility with instruction of the facility with instruction of 11/17/24, Resident facility with instruction of the eye rotation of the eye rotation of the head intravenously, and of the transferred to a large by a Neurologist.  Review of Resident summary dated 11/	in 11/09/24 after experiencing alling from a chair, and hitting or.  on 11/12/24, Resident #11 hitting his head against the stransported to the ED on ad mental status and slurred at #11's ED visit reports from 4 revealed: dent #11 was discharged to ructions to follow-up with his er (PCP); there were no second to follow-up with his gist. dent #11 presented with on, had frequent focal seconds to 2 minutes ement of the right hand, later as to the right, and right lateral later	{D 358}			
	-The visit was by Te -He was seen in the activityHe reported having yesterday on 11/11/ -He stated his balar worseHe was having inc	eletriage. e ED on 11/09/24 for seizure g another witnessed seizure				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 12/1	₹ <b>7/2024</b>
NAME OF F	PROVIDER OR SUPPLIER		I.	STATE, ZIP CODE	1	.,
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	twice dailyHe was to continue treat seizures) night. Review of Resident summary dated 11/-Resident #11 was 11/19/24 for seizure-Resident #11 had at the local EDIn March 2024, Red Depakote (used to started on Zonisam Keppra (used to treepilepsy)Resident #11 was intravenously in the-Resident #11 was and admitted to the 11/19/24Once Resident #11 was 11/26/24.  a. Review of Resident #11 order for divalproex seizures) three table.  Review of Resident dated 11/29/24 reversible.	omg twice daily to 1500mg  a Zonisamide 200mg (used to tly.  a #11's hospital discharge 26/24 revealed: admitted to the hospital on a management.  B seizures while in route from  sident #11 was weaned off treat seizure disorders) and ide and was to continue at partial onset seizures with  started on Keppra 1500mg a ED. placed on airway protection intensive care unit (ICU) on  a's seizures were controlled, on 11/22/24. discharged to the facility on  and the facility o	{D 358}	DEFICIENCY		
	Review of Resident	:#11's November 2024				

Division of Health Service Regulation

electronic medication administration record

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A. BUILDING: COMPLETED  HAL073010    A. BUILDING: R   B. WING   12/17/202	₹
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
MAPLE HEIGHTS ASSISTED LIVING 2065 CHUB LAKE ROAD ROXBORO, NC 27573	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMING REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE:	(X5) COMPLETE DATE
(D 358) Continued From page 181 (eMAR) from 11/26/24 to 11/30/24 revealed: -There was an entry for divalproex 250mg take 3 tablets every 12 hours with a scheduled administration time of 8:00am and 8:00pmThere was documentation divalproex was administered on 11/26/24 at 8:00pm and on 11/27/24 and 11/28/24 at 8:00am and 8:00pmThere was a exception documented on 11/29/24 at 8:00am and 8:00pmThere was a exception documented on 11/29/24 for divalproex 250mg take 3 tablets every night with a scheduled time of 12:00amThere was no documentation divalproex was administered on 11/29/24 and 11/30/24 at 12:00am; the eMAR was blank.  Review of Resident #11's December 2024 eMAR from 12/01/24 to 12/13/24 revealed: -There was an entry for divalproex 250mg take 3 tablets every right with a scheduled time of 12:00amThere was an entry for divalproex 250mg take 3 tablets every right with a scheduled time of 12:00amThere was no documentation divalproex was administered from 12/01/24 to 12/13/24 at 12:00am; the eMAR was blank.  Observation of medication on hand for Resident #11 on 12/13/24 at 2:53pm revealed: -There were three bubble packs of 90 divalproex 250mg on the medication cart and available for administration dispensed on 12/05/24, -The prescription label read take 3 tablets every night.  Telephone interview with a representative from the facility's contracted pharmacy on 12/13/24 at 2.09pm revealed: -Resident #11 had an order dated 11/26/24 for divalproex 250mg three tablets twice daily that was received on 11/26/24 for a physician at a	

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(A(O) NALII TIBI	F CONCERNATION	000 5475	OLIDA (EX
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
	2. 00.0.2011011	J. J	A. BUILDING:	<del></del>		· <b></b>
					F	
		HAL073010	B. WING	<del></del>	12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	B LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED I	IVING	O, NC 27573			
(V4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N	(VE)
(X4) ID PREFIX	-	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
	BEI IOLENOTY					
{D 358}	Continued From pa	ge 182	{D 358}			
	hospital.					
		pensed 66 tablets on 11/26/24,				
		ay supply, that would last until				
	the new cycle starte					
		eived an order on 11/29/24				
		s previous PCP to discontinue				
		hree tablets twice a day and to				
		ex 250mg 3 tablets at night.				
		pensed 90 tablets of				
	divalproex 250mg of	on 12/05/24.				
	Interview with Decid	dent #11 on 12/16/24 at				
	9:22am revealed:	dent #11 on 12/16/24 at				
		e hospital for 1 to 2 weeks; he				
	could not remembe					
	-His seizure "had ge					
		I him when he had a seizure				
	because he could r	not remember having them.				
		n for his seizures, but he did				
		s of the medications.				
		e ED many times for his				
	seizures.					
	Observation of Dec	ident #11's aNAD on the				
		ident #11's eMAR on the //24 at 3:01pm revealed:				
	•	y on the eMAR for divalproex				
	250mg 3 tablets ev					
		R" appeared on the eMAR and				
	was highlighted in r					
		CHEDULE" was documented				
	on the eMAR.					
		ssage read "administration				
	schedule was invalid and could not be					
	administered."					
	Interview with a me	dication aide (MA) on				
	12/13/24 at 3:01pm					
		on the tab and open the				
		nedication divalproex to				
	administer the med					

Division of Health Service Regulation

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Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		R <b>12/17/2024</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHI	JB LAKE RO			
WAPLE	HEIGHTS ASSISTED L	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 183	{D 358}			
	administered divalp bedtimeShe notified the Dimessage, but she contification.	the last time Resident #11 was broex 250mg 3 tablets at rector of the "ERROR" could not recall the day of the director on 12/13/24 at 3:04pm				
	Interview with the Director on 12/13/24 at 3:04pm revealed: -She did not know there was an "ERROR" message on the eMAR for Resident #11's divalproexShe had not been notified there was an "ERROR" message on the eMAR and that Resident #11 was not administered his divalproex.					
	11/26/24.	ned from the hospital on admitted to the hospital ving seizures.				
	revealed: -She had corrected #11's eMARThere was not a countered on Residen -The administration changed it to 8:00ar -The "ERROR" was	time was 12:00am and she				
	2:42pm revealed: -The Director shoul MA if there was a p	dministrator on 12/17/24 at d have been notified by the roblem with the eMAR and the administer a medication as				

Division of Health Service Regulation

-The Director would have seen the "ERROR" on

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
					F	2
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	I IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	was delivered by the for accuracy.  -He expected all me as ordered and if the computer, the Direct -Resident #11 was seizure and he could seizures because he administered as ordered at the seizures because he administered at 12/16/24 at 9:00 am b. Review of Resident from 11/27/24 to 11 and behaviors) one review of Resident from 11/27/24 to 11 and seizures was administered to 11/30/24.  -There was no entry tablet twice daily.  -There was no docume was administered to 12/01/24 and and 12/01/24 and 12/01/24 and 13/00 am and 8:00 pm	edications to be administered here was a problem with the ctor should call the pharmacy. hospitalized last month for all have another onset of his medication was not dered.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.  The interviews with Resident 3/24 at 10:09am and on his were unsuccessful.				
		wice daily from 12/01/24 to				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL073010	B. WING		F 12/1	R 7/2024
NAME OF 1					12/1	112024
NAME OF I	PROVIDER OR SUPPLIER		JB LAKE RO	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	tablet twice daily.  -There was no dock was administered to the was administered to the was administered to the was administered to the facility with the woods.  -There were two but tablets on the medical administration with 12/01/24.  -There were 21 1/2 bubble pack.  -There were 21 1/2 bubble pack.  -The prescription lad aily.  Interview with Resident was the personnel wanted to the facility stanks walker, toward to the stanks walker and the woods.  -After a few minutes to the facility with the stanks walker with the facility with the stanks was administered to the facility with the woods.	wifer olanzapine 5mg one amentation olanzapine 5mg wice daily.  dication on hand for Resident 2:30pm revealed: bble packs of olanzapine 5mg cation cart and available for 60 1/2 tablets dispensed on  tablets remaining in each bel read take 1/2 tablet twice  dent #11 on 12/16/24 at the did not want to be around to be left alone. Tople here would not leave him ant to talk to them.  backyard of the facility on to 4:30pm revealed: walking in the backyard with he woods; two facility staff fter him.  ff reached Resident #11 when edge of the woods. ff were conversing with  own on a rock at the edge of s, Resident #11 walked back he two staff.	{D 358}			
	Interview with Residus: 4:36pm revealed:	dent #11 on 12/16/24 at				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			
		HAL073010	B. WING		F 12/1	₹ 7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From page 186		{D 358}			
	-He went for a walk because he wanted toEverything was wrong, and it upset himHe did not know what happened.					
	the facility's contract 2:09pm revealed: -The pharmacy had take ½ tablet twice -The pharmacy disp 12/01/24 to start the -The pharmacy did olanzapine to 5mg -The pharmacy did discharge summary hospital discharge summary hospital discharge summary #11, a pharmacist whospital discharge semedication orders.	pensed 30-1/2 tablets on e cycle fill dated 12/06/24. not have an order to change 1 tablet twice daily. not receive a hospital y for Resident #11 for a				
	-The Director was r hospital discharge s pharmacy. -If a resident return Director had left for discharge summary door. -She did not know f dosage had been c from the hospital ar the eMAR.	esponsible for reviewing the summary and faxing it to the ed from the hospital after the the day, the hospital would be slipped under her Resident #11's olanzapine hanged when he returned and that it was not changed on				
	4:31pm revealed:	ctivity Director on 12/16/24 at ts were playing cards and osing.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.		_	,
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIFI	HEIGHTS ASSISTED L	IVING 2065 CHU	JB LAKE RO	AD		
	TEIGHTO AGGIGTED I	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 187	{D 358}			
	his way or if he did	d act out when he did not get not win. ed out of the dining room				
	Interview with the D	Pirector on 12/16/24 at 4:45pm				
	discharge summary hospital.	dent #11's FL-2 and hospital when he returned from the dident #11's hospital discharge				
	summary for medic					
	to the pharmacy.	rocha the medication orders				
		l and asked what pharmacy				
	the facility used so changes to the pha	they could send medication				
	-She did not call the	e pharmacy to see if they #11's hospital discharge				
	-She did not know f dosage was increas	Resident #11's olanzapine sed when he was discharged				
	summary, she note	d the hospital discharge d olanzapine was still an				
	dosage. -Resident #11 woul	ut did not notice the change in d act out at times; he liked to				
	be alone most of the -He did not like talk	ing to people.				
		ed and anxious easily. hat olanzapine was used for n.				
	2:42pm revealed: -The Director was r hospital discharge s pharmacy for review	dministrator on 12/17/24 at esponsible for reviewing the summary and faxing it to the w.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		SURVEY PLETED	
			7 50.2510			R
		HAL073010	B. WING			17/2024
NAME OF I	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY,	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	LIVING	CHUB LAKE RO BORO, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	age 188	{D 358}			
	administeredThe medication was behavior of Resider staff for his behaviorHe expected the mas ordered.  Attempted telephone #11's mental health	ned the medication to be as needed to help control the nt #11, who was known to the ors. The nedication to be administered as interviews with Resident a provider (MHP) on 12/12/23/24 at 11:48am, and on	ne ed			
		were unsuccessful.				
	1:14pm.	ew with a MA on 12/10/24 a				
	Refer to the intervie 12/12/24 at 3:15pm	ew with the Director on a.				
	Refer to the intervie 12/16/24 at 2:45pm	ew with the Director on n.				
	Refer to the telepho Administrator on 12	one interview with the 2/17/24 at 2:42pm.				
	3. Review of Reside 07/27/24 revealed of schizoaffective disc					
	dated 07/27/24 reve	t #7's signed physician's ord ealed there was an order foused to treat tremors) twice				
	dated 11/08/24 reverse there was an order the there was an order the was an order there was an order the was an order there was an order there was an order the was a	t #7's signed physician's ord ealed: er to discontinue benztropin er for benztropine 1mg take r 1 week then discontinue.	Э			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL073010	B. WING		F 12/1	₹ <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AF	DRESS CITY S	STATE, ZIP CODE		
IVAIVIL OI	TROVIDER OR OUT FIER		JB LAKE RO	,		
MAPLE	HEIGHTS ASSISTED I	IVING	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From page 189		{D 358}			
	medication administrevealed:  -There was an entritablet twice daily witime of 9:00am and -There was docume administered twice 11/07/24 and on 11.  -There was an entritablet twice daily for the was administered of 9:00am and 9:00pm 11/15/24 at 9:00pm -There were except 11/10/24 and 11/13 and 11/14/24 and 1 exception was residuale.  Observation of Reson 12/10/24 at 8:42 -There was an empt 1mg tablet on the normal tablet on tablet on the normal tabl	entation benztropine was daily from 11/01/24 to /08/24 at 9:00am. y for benztropine 1mg take ½ r 1 week then discontinue. entation benztropine ½ tablet on 11/11/24 and 11/12/24 at n; and 11/08/24, 11/14/24 and . tions documented on 11/09/24, /24 at 9:00am and 9:00pm; 1/15/24 at 9:00am; the dent was physically unable to dident #7's medication on hand am revealed: by bubble pack of benztropine				

from the facility's contracted pharmacy on

DIVISION	Division of Health Service Regulation					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		F	
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	UB LAKE RO RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 190	{D 358}			
	benztropine when the received.  -The facility had received tablets of benztroping their monthly cycle.  -The facility had months available to administ days.  -If the facility staff henztropine 1mg two them ½ tablet for on medication, the facility remaining.  -When the MA admitablet, the MA shout from the bubble pacadministered ½ of the tablet.	not dispense ½ tablets of the order dated 11/08/24 was believed a month's supply of 60 ne 1mg on 11/01/24 to start on 11/06/24.  The than enough benztropine ster ½ tablet twice daily for 7 and administered the vice daily until 11/08/24 and he week and stopped the fility should have 42 tablets winistered benztropine 1mg ½ ld have popped a whole tablet ck, broke the tablet in half, the tablet and disposed of ½ of				
	12/10/24 at 8:08am -Resident #7's prim discontinued the be	ary care provider (PCP) enztropine in November 2024. vas empty because Resident				
	2:41pm revealed: -She did not recall is benztropine to adm -She did not recall is tablet in half to adm #7She did not know is tablets remaining in	ame MA on 12/12/24 at  naving any ½ tablets of inister to Resident #7. f she had broken a whole ninister a ½ tablet to Resident why there were no benztropine the bubble pack. what the pharmacy dispensed.				

Division of Health Service Regulation STATE FORM

Interview with a second MA on 12/13/24 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED		
		HAL0730	10	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER	LIVING	2065 CHL	DRESS, CITY, S  JB LAKE RO  O, NC 27573			
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING IN	ENCIES ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa 8:08am revealed: -She thought there available for Reside -She did not know a benztropine 1mg ta should have been to was discontinued.  Interview with the Enterview of the Enter	were ½ tablets ent #7, but she why the bubble blets was empt ablets left after birector on 12/10 the pharmacy dropine 1mg to be the pharmacy ende tablet in half the tablet. Why there were there should half the tablet what happened that should rendication to be according to be according to the pharmacy ende the pharma	was not sure. pack of y when there the medication  6/24 at 4:45pm id not dispense be expected the f, administer  no benztropine have been. to the hain. dministered as  histrator on e problems, he s, from taking of tapering the er medications  th Resident on 12/12/24 at and on ssful. , and record	{D 358}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE. ZIP CODE		
		2065 CH	UB LAKE ROA			
WAPLE	HEIGHTS ASSISTED L	ROXBO	RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 192	{D 358}			
	Refer to the intervient:14pm.	ew with a MA on 12/10/24 at				
	Refer to the intervie 12/12/24 at 3:15pm	ew with the Director on				
	Refer to the intervient 12/16/24 at 2:45pm	ew with the Director on				
	Refer to the telepho Administrator on 12	one interview with the 2/17/24 at 2:42pm.				
	11/08/23 revealed of	ent #8's current FL-2 dated liagnoses included metabolic thma, dementia, muscle stipation.				
	orders dated 11/08/ order for wixela 250 shortness of breath	ent #8's signed physician 23 revealed there was an 0-50 inhaler (used to treat e and wheezing associated 1 puff into lungs every 12				
	10/10/24 to 10/31/2 -There was an entry inhale 1 puff into lui scheduled administ 9:00pmThere was docume administered 21 tim -There was no docume	tration record (MAR) from 4 revealed. y for wixela 250-50 inhaler ngs every 12 hours with a ration time of 9:00am and entation wixela inhaler was nes out of 62 opportunities. umentation wixela inhaler was nes our of 62 opportunities;				
		#8's November 2024 on administration record				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
HAL073010		B. WING		R		
					12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S I <b>B LAKE RO</b>	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	inhale 1 puff into lui scheduled administer 9:00pm.  -There was docume administered 17 time. There was no document administered 43 time exceptions were the resident was physical Review of Resident 12/01/24 to 12/10/24.  -There was an entry inhale 1 puff into luischeduled administered twice 12/12/24.  -There was document administered twice 12/12/24.  -There were except 12/01/24 to 12/12/24 were resident refus physically unable to Observation of median medication of the medication of the facility's contract 2:04pm revealed:  -Resident #8 had an inhale 1 puff dated 08/13/24.	y for wixela 250-50 inhaler ngs every 12 hours with a tration time of 9:00am and entation wixela inhaler was nes out of 60 opportunities. Unmentation wixela inhaler was nes out of 60 opportunities; the eresident refused, and the cally unable to take.  If #8's December eMAR from 14 revealed: If y for wixela 250-50 inhaler ngs every 12 hours with a tration time of 9:00am and entation wixela inhaler was not daily from 12/01/24 to tions documented from 14 twice daily; the exceptions ed, and the resident was of take.  It is dication on hand for Resident is 11am revealed there was no er available for administration	{D 358}			
		/24 to order the wixela inhaler. It a non-coverage notification				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    A BUILDING:	DIVISION	of Health Service Re	egulation					
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2065 CHUB LAKE ROAD  ROXBORO, N. C 27573  CV4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) MUST BE PRECIDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION)  (D 358)  Continued From page 194  (D 358)  Continued From page 194  (D 368)  Continued From page 194  (D 369)  Continued From Page 194  (D 3				(X2) MULTIPL	E CONSTRUCTION			
NAME OF PROVIDER OR SUPPLIER  MAPLE HEIGHTS ASSISTED LIVING  C(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 358)  Continued From page 194  to the facility and to the primary care provider (PCP) on 11/27/24 because Resident #8's insurance would not cover the wixela inhaler as of 12/10/24.  -The pharmacy sent a second non-coverage of the wixela inhaler as of 12/10/24.  -The pharmacy had not dispensed a wixela 250-50 inhaler for Resident #8 since receiving the order dated 08/13/24.  Interview with Resident #8 on 12/16/24 at 12:02pm revealed: -She did not use an inhalerShe did not have problems breathing.  Interview with a medication aide (MA) on 12/10/24 at 1:14pm revealed: -Resident #8's wixela was not available to administerShe had pulled the reorder sticker from the prescription label and gave the sticker to the Director to reorder; she did not remember when.  Interview with the same MA on 12/12/24 at	AND PLAN	OF CURRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED	
NAME OF PROVIDER OR SUPPLIER  MAPLE HEIGHTS ASSISTED LIVING  C(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 358)  Continued From page 194  to the facility and to the primary care provider (PCP) on 11/27/24 because Resident #8's insurance would not cover the wixela inhaler as of 12/10/24.  -The pharmacy sent a second non-coverage of the wixela inhaler as of 12/10/24.  -The pharmacy had not dispensed a wixela 250-50 inhaler for Resident #8 since receiving the order dated 08/13/24.  Interview with Resident #8 on 12/16/24 at 12:02pm revealed: -She did not use an inhalerShe did not have problems breathing.  Interview with a medication aide (MA) on 12/10/24 at 1:14pm revealed: -Resident #8's wixela was not available to administerShe had pulled the reorder sticker from the prescription label and gave the sticker to the Director to reorder; she did not remember when.  Interview with the same MA on 12/12/24 at							₹	
NAME OF PROVIDER OR SUPPLIER  MAPLE HEIGHTS ASSISTED LIVING  (A4) ID PREFIX TAG  (D 358)  Continued From page 194  to the facility and to the primary care provider (PCP) on 11/27/24 because Resident #8's insurance would not cover the wixela inhaler as of 12/10/24.  -The pharmacy had not dispensed a wixela 250-50 inhaler for Resident #8 since receiving the order dated 08/13/24.  Interview with Resident #8 on 12/16/24 at 12/10/29 at 1:14pm revealed: -Resident #8's wixela was not available to administerShe had pulled the reorder sticker from the prescription label and gave the sticker to the Director to reorder; she did not remember when.  Interview with the same MA on 12/12/24 at			HAL073010	B. WING				
CASIND   C	NAME OF I	DDOVIDED OD SLIDDLIED	CTDEET	ADDRESS CITY (	STATE ZID CODE			
MAPLE HEIGHTS ASSISTED LIVING   ROXBORO, NC 27573     (X4)   D   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE   COMPLETE DATE	NAME OF I	-NOVIDEN ON SUFFLIEN						
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PACH DEFICIENCY)  (D 358)  Continued From page 194  to the facility and to the primary care provider (PCP) on 11/27/24 because Resident #8's insurance would not cover the wixela inhaler.  -The pharmacy sent a second non-coverage notification to the facility and to the PCP on 12/02/24.  -The pharmacy had not heard from the facility or the PCP regarding the non-coverage of the wixela inhaler as of 12/10/24.  -The pharmacy had not dispensed a wixela 250-50 inhaler for Resident #8 since receiving the order dated 08/13/24.  Interview with Resident #8 on 12/16/24 at 12:02pm revealed:  -She did not use an inhaler.  -She did not have problems breathing.  Interview with a medication aide (MA) on 12/10/24 at 1:14pm revealed:  -Resident #8's wixela was not available to administer.  -She had pulled the reorder sticker from the prescription label and gave the sticker to the Director to reorder; she did not remember when.  Interview with the same MA on 12/12/24 at	MAPLE I	HEIGHTS ASSISTED L	IVING					
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 358)  (D 358)  Continued From page 194  to the facility and to the primary care provider (PCP) on 11/27/24 because Resident #8's insurance would not cover the wixela inhaler.  -The pharmacy sent a second non-coverage notification to the facility and to the PCP on 12/02/24.  -The pharmacy had not dispensed a wixela 250-50 inhaler for Resident #8 since receiving the order dated 08/13/24.  Interview with Resident #8 on 12/16/24 at 12:02pm revealed:  -She did not use an inhaler.  -She did not have problems breathing.  Interview with a medication aide (MA) on 12/10/24 at 1:14pm revealed:  -Resident #8's wixela was not available to administer.  -She had pulled the reorder sticker from the prescription label and gave the sticker to the Director to reorder; she did not remember when.  Interview with the same MA on 12/12/24 at								
to the facility and to the primary care provider (PCP) on 11/27/24 because Resident #8's insurance would not cover the wixela inhaler.  -The pharmacy sent a second non-coverage notification to the facility and to the PCP on 12/02/24.  -The pharmacy had not heard from the facility or the PCP regarding the non-coverage of the wixela inhaler as of 12/10/24.  -The pharmacy had not dispensed a wixela 250-50 inhaler for Resident #8 since receiving the order dated 08/13/24.  Interview with Resident #8 on 12/16/24 at 12:02pm revealed:  -She did not use an inhaler.  -She did not have problems breathing.  Interview with a medication aide (MA) on 12/10/24 at 1:14pm revealed:  -Resident #8's wixela was not available to administer.  -She had pulled the reorder sticker from the prescription label and gave the sticker to the Director to reorder; she did not remember when.  Interview with the same MA on 12/12/24 at	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE	
(PCP) on 11/27/24 because Resident #8's insurance would not cover the wixela inhaler.  -The pharmacy sent a second non-coverage notification to the facility and to the PCP on 12/02/24.  -The pharmacy had not heard from the facility or the PCP regarding the non-coverage of the wixela inhaler as of 12/10/24.  -The pharmacy had not dispensed a wixela 250-50 inhaler for Resident #8 since receiving the order dated 08/13/24.  Interview with Resident #8 on 12/16/24 at 12:02pm revealed:  -She did not use an inhaler.  -She did not have problems breathing.  Interview with a medication aide (MA) on 12/10/24 at 1:14pm revealed:  -Resident #8's wixela was not available to administer.  -She had pulled the reorder sticker from the prescription label and gave the sticker to the Director to reorder; she did not remember when.  Interview with the same MA on 12/12/24 at	{D 358}	Continued From pa	ge 194	{D 358}				
2:41pm revealed: -She did not remember the last time she administered wixela inhaler to Resident #8There was no response given by the MA when she was asked if she had ever administered wixela inhaler to Resident #8.  Interview with a second MA on 12/13/24 at 8:08am revealed: -She did not recall seeing an inhaler for Resident #8 on the medication cart.		to the facility and to (PCP) on 11/27/24 insurance would no- The pharmacy sen notification to the fa 12/02/24.  The pharmacy had the PCP regarding inhaler as of 12/10/2- The pharmacy had 250-50 inhaler for Forder dated 08/13/2  Interview with Resid 12:02pm revealed: She did not use an She did not have publication in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with the saction in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Director to reorder;  Interview with a section in the prescription label at Direct	o the primary care provider because Resident #8's of cover the wixela inhaler. It a second non-coverage acility and to the PCP on the non-coverage of the wixelate in the not dispensed a wixelate in inhaler. In oroblems breathing.  Indication aide (MA) on a revealed:  Indication aide (MA) on a revealed:  Indication aide was not available to the indicate of the sticker to the she did not remember when the man ame MA on 12/12/24 at inhaler to Resident #8.  In onse given by the MA when the had ever administered esident #8.  In oroblems breathing in the man inhaler for Resider was not available to the she are inhaler to Resident #8.  In oroblems breathing in the man inhaler for Resider was not available to the she did not remember when a inhaler to Resident #8.	rela ela				

Division of Health Service Regulation STATE FORM

Resident #8.

DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		F 12/1	₹ <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AF	DRESS CITY S	STATE, ZIP CODE		
TW WILL OF	THOUBER OR SOLVE LIER		JB LAKE RO	•		
MAPLE I	HEIGHTS ASSISTED I	IVING	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 195	{D 358}			
	breath.	ot complain about shortness of ne Director that the inhaler was				
	12/11/24 at 5:21pm -Resident #8 had a inhaler 1 puff every -Resident #8 had a medication would h asthmaResident #8 could asthma if she did norderedShe did not know in had not received the	n order for wixela 250-50 12 hours. history of asthma and the elp control symptoms of have an exacerbation of ot receive the medication as Resident #8's insurance would dication and that Resident #8 e inhaler since August 2024. ot have any documented				
	revealed: -She did not recall if from the pharmacyShe did not know the dispensed wixela in switched over to the switched over to the switched over the large to be reordered mound of the pharmacyShe notified the pharmacyShe expected the large she did not recall if the pharmacy.	the pharmacy had not shaler since the facility e current pharmacy. were not on cycle fill and had inthly. He marmacy on 11/27/24 and dent #8 needed an inhaler. MAs to let her know when to be reordered, and to let her				
	12/17/24 at 2:42pm	v with the Administrator on revealed: ave notified the Director that				

Division of Health Service Regulation

the inhaler was not available.

STATE FORM 6899 W91Y12 If continuation sheet 196 of 308

HAL073010				
				R
		B. WING		12/17/2024
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE	
MAPLE HEIGHTS ASSISTED LIVING		B LAKE RO D, NC 27573		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY TAG REGULATORY OR LSC IDENTIFYING INFORM	ES / FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
{D 358} Continued From page 196		{D 358}		
-The Director should have notified the pas to why the medication was not availared once the Director knew Resident #8's would not cover the inhaler, the Director have notified the PCPResident #8 could have breathing probable to the inhaler.  Refer to the interview with a MA on 12/114pm.	able. insurance or should blems from			
Refer to the interview with the Director 12/12/24 at 3:15pm.  Refer to the interview with the Director				
12/16/24 at 2:45pm.  Refer to the telephone interview with th Administrator on 12/17/24 at 2:42pm.	e			
b. Review of Resident #8's signed physorders dated 07/21/24 revealed there worder for diclofenac sodium 1% gel (usepain) apply 4gms three times daily to know Review of Resident #8's October 2024 10/10/24 to 10/31/24 revealed.  -There was an entry for diclofenac sodiapply 4 grams three times daily to knees scheduled application time of 9:00am, and 9:00pm.  -There was documentation diclofenac swas applied from 10/10/24 to 10/30/24.  -There was no documentation diclofenac gel was applied from 10/10/24 to 10/31/24 at the MAR was blank.  -There were no exceptions documented 10/10/24 to 10/30/24 at 9:00pm.	was an ed to treat nees.  MAR from um gel 1% es with a 3:00pm sodium gel at 9:00pm. ac sodium /24 at at 9:00pm;			

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2065 CHUB LAKE ROAD ROXBORO, NC 27573   (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  B. WING  B. WING  B. WING  B. WING  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE)  REGULATORY OR LSC IDENTIFYING INFORMATION)  RESULATORY OR LSC IDENTIFYING INFORMATION)	(X3) DATE SURVEY COMPLETED	E CONSTRUCTION	, ,	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  MAPLE HEIGHTS ASSISTED LIVING  2065 CHUB LAKE ROAD ROXBORO, NC 27573   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  B. WING  B. WING  12/17/2024  12/17/2024	_   R		7t. BOILDING.			
MAPLE HEIGHTS ASSISTED LIVING  2065 CHUB LAKE ROAD ROXBORO, NC 27573  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE			B. WING	HAL073010		
ROXBORO, NC 27573  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  ROXBORO, NC 27573  ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLET (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE					F PROVIDER OR SUPPLIER	NAME OF F
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE  DATE				IVING	E HEIGHTS ASSISTED I	MAPLE I
, and the second	IVE ACTION SHOULD BE COMPLETE DATE	(EACH CORRECTIVE ACTION SHOU	PREFIX	MUST BE PRECEDED BY FULL	(EACH DEFICIENCY	PRÉFIX
{D 358} Continued From page 197 {D 358}			{D 358}	ge 197	B) Continued From pa	{D 358}
Review of Resident #8's November 2024 eMAR revealed:  -There was an entry for diclofenac sodium gel 1% apply 4 grams three times daily to knees with a scheduled application time of 9:00am, 3:00pm and 9:00pm.  -There was documentation diclofenac sodium gel was applied 8 times out of 90 opportunities.  -There was no documented diclofenac sodium gel was applied 82 times out of 90 opportunities; the exceptions were the resident refused, and the resident was physically unable to take.  Review of Resident #8's December 2024 eMAR from 12/01/24 to 12/10/24 revealed:  -There was an entry for diclofenac sodium gel 1% apply 4 grams three times daily to knees with a scheduled application time of 9:00am, 3:00pm and 9:00pm.  -There was documentation diclofenac sodium gel was not applied three times daily from 12/01/24 to 12/12/24.  -There were exceptions documented from 12/01/24 to 12/12/24.  -There were exceptions documented from 12/01/24 to 12/12/24 three times daily; the exceptions were the resident refused, and the resident was physically unable to take.  Observation of medication on hand for Resident #8 on 12/10/24 at 8:11am revealed there was no diclofenac sodium gel 1% available for application on the medication cart.  Telephone interview with a representative from the facility's contracted pharmacy on 12/10/24 at 3:30pm revealed:  -Resident #8 had an order for diclofenac sodium get 1% apply 4 grams to knees three times daily dated 08/13/24.  -Diclofenac sodium gel had been dispensed once				at #8's November 2024 eMAR  of for diclofenac sodium gel 1% at times daily to knees with a con time of 9:00am, 3:00pm  entation diclofenac sodium gel at out of 90 opportunities.  Interpretation of 90 opportunities; at the resident refused, and the cally unable to take.  At #8's December 2024 eMAR At 2/10/24 revealed: At for diclofenac sodium gel at times daily to knees with a con time of 9:00am, 3:00pm  entation diclofenac sodium gel at times daily from 12/01/24 to tions documented from At three times daily; the at resident refused, and the cally unable to take.  At three times daily; the at resident refused, and the cally unable to take.  At three times daily for application cart.  At with a representative from at the order for diclofenac sodium and the order for diclofenac sodium and the times daily	Review of Resident revealed: -There was an entrapply 4 grams three scheduled applicati and 9:00pmThere was docume was applied 8 times -There was no door gel was applied 82 the exceptions were resident was physical Review of Resident from 12/01/24 to 12-There was an entrapply 4 grams three scheduled applicati and 9:00pmThere was docume was not applied three scheduled applicati and 9:00pmThere was docume was not applied three 12/12/24There were except 12/01/24 to 12/12/2 exceptions were the resident was physical Cobservation of medication of the medication of the facility's contract 3:30pm revealed: -Resident #8 had a get 1% apply 4 grandated 08/13/24.	{D 358}

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				<del></del>	F	
		HAL073010	B. WING		12/1	7/2024
NAME OF PROVIDER OR SU	IPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASS	ISTED I	2065 CHU	JB LAKE RO	AD		
WAFEE HEIGHTS ASS	ISTED I	ROXBOR	O, NC 2757	3		
PREFIX (EACH DE	FICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358} Continued F	rom pa	age 198	{D 358}			
-The pharms sodium gel -One tube of when applying -This medical staff would have refillDiclofenace medication to the linterview with 12:02pm reversible and reversible a	acy displayed a complex of the compl	spensed one tube of diclofenac s on 11/14/24. enac gel would last 25 days rams a day. vas not on cycle fill; the facility of call the pharmacy to request a single was a topical pain with arthritis pain. Ident #8 on 12/16/24 at sedication applied to her legs. etimes.  w with Resident #8's family 24 at 10:14am revealed: arthritis in her knees. dent #8 received a cream to itic pain.  A on 12/10/24 at 1:14pm ofenac sodium gel was not se reorder sticker from the and gave the sticker to the she did not remember when.  cond MA on 12/13/24 at seeing diclofenac sodium gel the medication cart. applying diclofenac gel to es. blained about her legs hurting				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
				71. 501251110.			R	
		HAL0	73010	B. WING		I	17/2024	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MAPLE I	HEIGHTS ASSISTED I	LIVING		IB LAKE RO O, NC 27573				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	MUST BE PRE	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
{D 358}	Continued From particle Telephone interview 12/11/24 at 5:21pm - Resident #8 had a gel 1% apply 4gms - Diclofenac sodium painResident #8 could her knees if the dicapplied as ordered.  Interview with the Drevealed: -She did not know to diclofenac sodium gowitched over to the - She knew diclofen cycle fill and had to - She expected the medication needed know before the medication needed know before the medication sodium gowitched over to the medication sodium gowitched over the medication sodium gowitched over the medication sodium gowitched over the medications as ordered.  Refer to the interview 1:14pm.  Refer to the interview 1:14pm.  Refer to the interview 1:14pm.	with the proverse with the provential of the pro	diclofenac sodium ree times daily. ed for arthritic crease in pain in ium gel was not  2/16/24 at 4:45pm cy had dispensed the facility farmacy. gel was not on ed monthly. For know when ered, and to let her nout.  dministrator on the Director that on the medication der the medication. Inister the ased pain in her  A on 12/10/24 at  Director on	{D 358}				
	12/16/24 at 2:45pm							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION		SURVEY PLETED	
				A. BUILDING.			R
		HAL0730	110	B. WING		<b>   </b>	17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 200		{D 358}			
	Refer to the telepho Administrator on 12						
	5. Review of Reside 3/18/24 revealed di obstructive pulmon	agnosis include	ed chronic				
	a. Review of Reside orders dated 03/18, order for Combiven treat shortness of daily.	/24 revealed th it Respimat inh	ere was an aler (used to				
	Review of Resident medication administ 10/10/24 to 10/31/2-There was an entr 20-100mcg inhale ascheduled administ 3:00pm, 5:00pm ar There was docume inhaler was administ opportunities.  -There was no document to the control of 124 opportunities.	stration record ( 24 revealed. y for Combiven 1 puff four time tration time of 9 nd 9:00pm. entation Combi stered 86 times umentation Con as administere	(MAR) from  at Respimat s daily with a 0:00am,  ivent Respimat s out of 124  mbivent d 38 times out				
	Review of Resident medication administ revealed: -There was an entre 20-100mcg inhale of scheduled administ 5:00pm and 9:00pm and 9:00pm and entre was documed inhaler was administ opportunitiesThere was no document of 124 opportunities.	stration record ( y for Combiven 1 puff four time tration time 9:0 n. entation Combi stered 109 time umentation Cor as administere	teman (eman)  at Respimat s daily with a 0am, 3:00pm, ivent Respimat es out of 124  mbivent d 15 times out				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMP	SURVEY LETED
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		HAL073010	D. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 201	{D 358}			
	was out of the facili	ty.				
	Review of Resident 12/01/24 to 12/10/2 -There was an entry 20-100mcg inhale of scheduled administ 5:00pm and 9:00pm and 9	##9's December eMAR from #4 revealed: y for Combivent Respimat I puff four times daily with a fration time 9:00am, 3:00pm, n. entation Combivent Respimat stered 36 times out of 36  dication on hand for Resident #:57am revealed there was one at 20-100mcg inhaler available ispensed on 12/04/24 with 1 of				
	care provider (PCP revealed: -Resident #9 had a	w with the previous primary ) on 12/11/24 at 5:21pm n order for Combivent cg inhale 1 puff four times				

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daily.

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	<b>)</b>
		HAL073010	B. WING			7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPIFI	HEIGHTS ASSISTED L	LIVING	JB LAKE RO			
	TEIGITIO AGGIGTED I	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ige 202	{D 358}			
(D 336)	-Combivent was us COPDResident #9 could exacerbation of CO administered as ord -She did not know it issues with COPD.  b. Review of Reside orders dated 03/18/ order for Symbicort treat asthma and C daily.  Review of Resident 10/10/24 to 10/31/2 -There was an entry inhaler inhale 2 puril administration time -There was docume administered 61 tim -There was no docume administered 61 tim -There was an entry time.	have shortness of breath and opp if the medication was not dered.  If Resident #9 had any recent ent #9's signed physician's /24 revealed there was an to 160-4.5mcg inhaler (used to copp) inhale 2 puffs twice et #9's October 2024 MAR from 24 revealed.  If the following inhaler (used to copp) inhale 2 puffs twice et #9's October 2024 MAR from 24 revealed.  If the following inhaler (used to copp) inhale 2 puffs twice et #9's October 2024 mark from 24 revealed.  If the following inhaler (used to copp) inhaler of 9:00am and 9:00pm.  If the following inhaler was nest out of 62 opportunities.  If the following inhaler was nest out of 62 opportunities.  If the following inhaler on 10/31/24 at 9:00pm; the on 10/31/24 at 9:00pm; the other was nest of 62 opportunities.	[D 330]			
	administration time -There was docume	fs twice daily with a scheduled of 9:00am and 9:00pm. entation Symbicort inhaler was				
	-There was no docu was administered o	nes out of 60 opportunities. umentated Symbicort inhaler on 11/27/24 at 9:00pm to it; the exception was resident ity.				
	12/01/24 to 12/10/2	t #9's December eMAR from 24 revealed: y for Symbicort 160-4.5mcg				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
{D 358}	inhaler inhale 2 puradministration time. There was docume administered 19 time. Observation of med #9 on 12/10/24 at 8 Symbicort 160/4.5n administration disported inhalations rem. Telephone interview the facility's contract 2:04pm revealed: -Resident #9 had at 160-4.5mcg inhaler. The pharmacy dispon 09/17/24 and 12-The Symbicort inhavailable for administration daysInhalers were not chave to notify the peneded.  Telephone interview 12/11/24 at 5:21pm. Resident #9 had at 160-4.5mcg inhaler. Symbicort was use COPDResident #9 could exacerbation of CC administered as ord-She did not know it issues with COPD.  Interview with Resident	fs twice daily with a scheduled of 9:00am and 9:00pm. Intation Symbicort inhaler was nes out of 19 opportunities.  dication on hand for Resident 5:57am revealed there was one neg inhaler available for ensed on 09/17/24 with 18 of naining.  If with a representative from eted pharmacy on 12/11/24 at an order for Symbicort inhale 2 puffs twice daily. Densed one Symbicort inhaler 1/07/24.  Faller had 120 inhalations istration which would last 30 on cycle fill; the facility would harmacy when a refill was with the previous PCP on revealed:  For inhale 2 puffs twice daily, and the provious PCP on revealed:  For inhale 2 puffs twice daily, and the previous PCP on revealed:  For inhale 2 puffs twice daily, and to control symptoms of the previous prevent and the provious prevent and the previous prevent and the prevent and the previous prevent and the preven	{D 358}			
	11:30am revealed: -He had COPD and	l used inhalers.				

Division of Health Service Regulation

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_ ا	,
			B. WING		F	
		HAL073010	D. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS CITY S	STATE, ZIP CODE		
				•		
MAPLE	HEIGHTS ASSISTED L	IVING	JB LAKE RO			
		ROXBOR	O, NC 27573	3		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				220.2.00.		
{D 358}	Continued From pa	ige 204	{D 358}			
(,	•	_				
	-He used inhalers 3					
	-He always took his	s inhalers because he did not				
	want problems brea	athing.				
	-He did not refuse h	nis inhalers.				
	Interview with a me	dication aide (MA) on				
	12/12/24 at 2:41pm					
		refuse the inhalers if he was				
	mad.	Trefuse the inflators if the was				
		take his medications most of				
		not say how many times a				
		sident #9 refused his				
		sident #9 refused his				
	medications.	W.CD : 1 ( #01 : 1 1				
		all if Resident #9's inhalers				
		lity and available to administer.				
		why Resident #9's inhalers				
	were not dispensed	l every 30 days.				
	Interview with a sec	cond MA on 12/13/24 at				
	8:08am revealed:					
	-Resident #9's inha	lers were always available to				
	administer.	·				
	-Resident #9 did no	ot refuse his inhalers.				
		ot complained of shortness of				
	breath or difficulty b	•				
	,	why Resident #9's inhalers had				
		the pharmacy each month.				
	THOU DOON SOME HOME	the pharmacy caon month.				
	Interview with the D	Director on 12/16/24 at 4:45pm				
	revealed:	71100101 011 12/10/24 at 4.40pm				
		ot refuse his medications.				
		Resident #9's inhalers were				
	not dispensed timel					
		MA to pull the sticker for				
		ions a week before the				
	medication ran out.					
	Telephone interview	v with the Administrator on				
	12/17/24 at 2:42pm					
		1As to pull the stickers from				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	` '			LETED
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		HAI 072040	B WING		F	
		HAL073010			12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	B LAKE RO			
		ROXBOR	D, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 205	{D 358}			
	the prescription labed Director so the medications as orderlif the inhalers were the resident could have r	els and give the stickers to the lications could be ordered  IA to administer the ered. IA to administ				
	Review of Resident	#3's medication				

revealed:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
							R
		HAL073010		B. WING			12/17/2024
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	LIVING		JB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCY Y MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIA	
{D 358}	-There was an entry for amlodipine besylate 5mg		{D 358}				
	once daily administ -There was docume was administered 3 10/01/24 to 10/31/2	entation amlodipin 31 of 31 opportuniti	e besylate				
	Review of Resident administration reco revealed: -There was an entr	rd (eMAR) for Nov	vember 2024				
	once daily administ -There was docume was administered 3 11/01/24 to 11/01/2	ered scheduled at entation amlodipin 30 of 30 opportunit	t 8:00am. le besylate				
	Review of Resident #3's eMAR for December 2024 from 12/01/24 to 12/13/24 revealed: -There was an entry for amlodipine besylate 5mg once daily administered scheduled at 8:00amThere was documentation amlodipine besylate was administered 8 of 13 opportunities from 12/01/24 to 12/13/24.						
	-Amlodipine besylar physically unable to 12/11/24, 12/12/24, -Amlodipine was do eMAR as waiting fo pharmacy on 12/07	o take on 12/07/24, , and 12/13/24. ocumented in the r or it to come in fron	, 12/09/24, notes on the				
	Observations of Rehand on 12/10/24 a 10:56am revealed the besylate available f	at 2:08pm and 12/1 there was no amlo	12/24 at				
	Observation of Res 3:55pm revealed: -A medication aide in his room with a b pressure cuffThe results of his b	(MA) took his bloo pattery-operated bloo	od pressure lood				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL073010		B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIF	HEIGHTS ASSISTED L	IVING	2065 CHU	JB LAKE RO	AD		
	TEIGITTO AGGIGTED I		ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 207		{D 358}			
	systolic reading was 146 and the diastolic result was 100.						
	Review of documer dated 12/17/24 reversery resident in the checked and the resident witten piece of the checked and written piece of the checked and the resident #3's blood 151/101.	ealed: ne facility had blo sults were docum f paper.	od pressures nented on a				
	Telephone interview facility's contracted 3:20pm revealed: -Resident #3 had at besylate 5mg once -The primary care pauthorized one mediathorized one mediathorized one mediathorized on 08/28Thirty tablets of an dispensed on 09/09No amlodipine besolutes of amlodipine besolutes of amlodipine besolutes of amlodipine besylates scheduled for cycle-Resident #3's amlodipine because to new order to refill the startedThe pharmacy had refill Resident #3's and refill Re	pharmacy on 12/ n order for amlod daily but it had exprovider (PCP) had dication refill on the mlodipine besylated by 124. Interpretation of the pharmacy did not be medication before the requested a new amlodipine besylated and the medication before the requested a new amlodipine besylated and the medication before the requested a new amlodipine besylated and the pharmacy did the medication before the requested a new amlodipine besylated and the pharmacy did the medication before the requested a new amlodipine besylated and the pharmacy did the medication before the requested a new amlodipine besylated and the pharmacy did the medication before the requested a new amlodipine besylated and the pharmacy did the p	ipine kpired. d only le last order. te 5mg were sed in simg were le next was not in a cycle fill not get a fore the cycle order to late 5mg on				
	Telephone interview PCP on 12/11/24 at -Resident #3 was o	5:15pm revealed	d:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		SURVEY PLETED
		A. BUILDING:			_
	HAL073010	B. WING			R <b>17/2024</b>
NAME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED L	IVING	UB LAKE ROA RO, NC 27573			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
tablets at the facility -Resident #3 was or blood pressureIf he was not admin ordered his blood pressureThe facility should written for the medic Interview with Resid 11:45am revealed: -He did not know if blood pressureHe did not take as -He felt "okay".  Interview with a MA revealed Resident # medication cart bed already been reorde  Interview with the M revealed: -Resident #3 did no because it had not of -She pulled a sticke and placed it on a s -The Director reorde -It took time to get r she could not say h -She did not know if needed a new order -She did not call the contact PCPs, becar responsibilityShe documented p	vas written on 11/27/24 for 30 /'s request. rdered amlodipine for his high nistered the amlodipine as ressure could go up. have followed the order as cation.  dent #3 on 12/11/24 at he took medication for his many pills as he used to.  a on 12/10/24 at 2:08pm #3's amlodipine was not on the cause it was out and had ered.  A on 12/12/24 at 10:56am of have amlodipine on the cart come in yet. er from the medication card sheet to give to the Director. ered medications. medication from the pharmacy ow long it took. how long Resident #3 had hlodipine. f Resident #3's amlodipine	;			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	UB LAKE ROA RO, NC 27573	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From page 209		{D 358}			
	9:25am revealed: -She was not sure is amlodipineShe documented prifting the medication was not on the cart reorder it.	cond MA on 12/13/24 at if Resident #3 was out of ohysically unable to administer as not on the medication cart. or know when a medication and the Director would  Director on 12/12/24 at 3:15pm				
	-The MA told her th Resident #3 and oth medications. -She did not know hamlodipine; she wa -The MA gave her a documented the mo out of and the amlo -The MAs were inst unable to administe medication was not -She did not think the medications as administer them. -It was "scary Resid medications because him without them".	a piece of paper the MA had edications Resident #3 was adipine was on the list. tructed to document physically er on the eMAR when a savailable to administer. The MAs would document the ministered if they did not dent #3 did not have all his see of what could happen to				
	12/17/24 at 2:15pm -The PCP ordered reasonThe medication sh so it could be admirated by the sum of the state of the sum of the su	with the Administrator on revealed: Resident #3's amlodipine for a could have been in the facility nistered as ordered. If for Resident #3's blood e medication and wanted the muntil the medication came				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 210 of 308

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL073010		B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER			DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	_IVING		O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCY MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From parin.  -He relied on the Mamedication was notation was in the total to the residents.  Refer to the intervier 1:14pm.  Refer to the intervier 1:2/12/24 at 3:15pm.  Refer to the intervier 12/16/24 at 2:45pm.  Refer to the telephonal Administrator on 12 b. Review of Resided dated 11/06/23 reverse metoprolol succinated pressure) 100mg on Review of Resident 10/08/24 revealed:  -There was an order 100mg once daily.  -The order was for and do not refill was revealed:  -There was an entry 100mg once daily seven was an e	As to tell the Direct available for admiresponsible for ensible fo	inistration. Suring the ministered  2/10/24 at  r on  r on  the  nt FL-2 n order for igh blood  arder dated  uccinate tero refills  cober 2024  uccinate m. ed as opportunities	{D 358}			

	NT OF DEFICIENCIES I OF CORRECTION	` '	R/SUPPLIER/CLIA ATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				71. 501251110.		F	
		HAL07	3010	B. WING		I	7/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
{D 358}	Continued From para 2024 revealed: -There was an entra 100mg once daily sometoprolol succina administered once from 11/01/24 to 11 -Metoprolol succina physically unable to to 11/24/24 and four 11/29/24Metoprolol was doe MAR as waiting on 11/24/24, and 11/26/24. Review of Resident 2024 from 12/01/24-7 There was an entra 100mg once daily sometoprolol succina administered once from 12/01/24 to 12-Metoprolol was do to take three times 12/13/24.  Observation of Reson 12/10/24 at 2:08-7 The medication phase to the top rigonal administered on the dispensed on 11/27 emptyThe medication phase on 11/27 emptyThe medication phase on 11/27 emptyThe medication phase on the dispensed on the top rigonal administered on the top r	y for metoproscheduled at 8 ate was docur daily for 15 of /30/24. Ate was docur take 11 times from cumented in the pharma 5/24.  ##3's eMAR for to 12/13/24 ate was docur daily 10 of 13/2/13/24. Cumented as on 12/11/24, aident #3's metoprolol succine for the bubble for metoprolol succine for metoprolol sistration.	a:00am. mented as f 30 opportunities mented as s from 11/14/24 11/26/24 to the notes on the cy on 11/23/24, for December revealed: lol succinate 3:00am. mented as opportunities physically unable 12/12/24, and edication on hand inate 100mg were ole pack was had 0 refills succinate macist from the 12/10/24 at	{D 358}			

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		l ` ′	E CONSTRUCTION		E SURVEY IPLETED
				A. BOILDING.			R
		HAL073010		B. WING		12	17/2024
NAME OF I	PROVIDER OR SUPPLIER	;	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING		JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FI SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	the metoprolol.  -The PCP had only days and there wer -Metoprolol was a lepharmacy needed at Telephone interview facility's contracted 12:51pm revealed: -Resident #3's meto and had to be reque-Thirty tablets of meto 09/09/24 and 10/08 -Ten tablets of meto 11/27/24There was a new of for Resident #3's m-Twenty-four tablets dispensed to the fa #3.  Telephone interview PCP on 12/17/24 at -Resident #3 was of once daily for high left Resident #3 missicause his blood pressures a concernedicationHe needed to be a ordered because we blood pressure coule elevated and he wo stroke or heart attary-She expected the last ordered and admits a sordered and admit	written the order for the no more refills. Ong-term medication be a new order to refill it.  with a pharmacist from the pharmacy on 12/16/24 Opprolol was not on a cypested by the facility for etoprolol were dispensed by with Resident #3's for the 12:07pm revealed: refered metoprolol 100 colood pressure. Seed a single dose it wo essure to run high. Insistently raised blood in and he needed to be dispensed doses lid consistently remain and the needed to be dispensed to the needed	out the om the 4 at ycle fill a refill. ed on don 1/13/24 oe desident ormer ould de on the cation as his sk for nistered of the output of the cation as his sk for nistered of the output of the cation as his sk for nistered of the output of the cation as his sk for nistered of the output of the output of the cation as his sk for nistered of the output	{D 358}			
	Interview with Resid	dent #3 on 12/11/24 at					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		1101 072040	B WING		F 40/4	
		HAL073010	D. WIITO		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	B LAKE RO D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	blood pressureHe did not take as -He felt "okay".  Interview with a MA revealed: -She knew Residen had pulled the reord today, 12/10/24She had administe morning and it would the next day.  Interview with the M revealed: -Resident #3 did not medication cart bed -She pulled a sticke and placed it on a s 12/10/24.	he took medication for his many pills as he used to.  A on 12/10/24 at 2:15pm  at #3's metoprolol was out; she der sticker off to reorder it  ared the last tablet that lid be reordered and available  AA on 12/12/24 at 10:56am  at have metoprolol on the cause it had not come in yet. For from the medication card sheet to give to the Director on	{D 358}			
	-The Director reordered medications; she was on top of it and the medication would be in by the next morningIt took time to get medication from the pharmacy; she could not say how long it tookHe had been without the metoprolol since 12/10/24; she thought it would be delivered today, 12/12/24She did not know if Resident #3's metoprolol needed a new orderShe did not call the pharmacy and she did not contact PCPs, because that was the Director's responsibilityShe documented physically unable to take on the eMAR when a medication was not available to administer.  Interview with a second MA on 12/13/24 at					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				D WING		I	₹
		HAL073010		B. WING		12/1	17/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING		B LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	9:25am revealed: -She could not rem of metoprololShe documented p if the medication wa -She let the Directo was not on the med reorder it.  Interview with the D revealed: -The MA told her th Resident #3 and oth medicationsThe MA gave her a written medications metoprolol was on the she did not know h metoprololThe MAs were inst unable to administed medication was not -She did not think the medication was not -She did not think the medications as adm administer themIt was "scary Resid medications becaus him without them".  Telephone interview 12/17/24 at 2:15pm -The PCP ordered him for a reasonThe medication sh so it could be admit -He was concerned pressure without th staff to monitor his medication came in	ember Resident #3 bein physically unable to admas not on the medication or know when a medication dication cart and she wo director on 12/12/24 at 3 at morning, 12/12/24, ther residents were out of a piece of paper she had Resident #3 was out arthe list.  Thow long he was out of the tructed to document physic on the eMAR when a stavailable to administer. The MAs would document inistered if they did not dent #3 did not have all the se of what could happer with the Administrator of the revealed:  The Resident #3 metoprofile in the familiator of the resident #3 metoprofile in the familiator of the resident #3 in the	ninister of cart. John	{D 358}			

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		SURVEY PLETED
			A. BUILDING.			R
		HAL073010	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING	HUB LAKE RO PRO, NC 2757;			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	when a medication administrationThe Director was in the medication was in the residents.  Refer to the intervieral 12/12/24 at 3:15pm.  Refer to the intervieral 12/16/24 at 2:45pm.  Refer to the intervieral 12/16/24 at 2:45pm.  Refer to the telephonal Administrator on 12/16/23 reversided at 11/06/23 reversided at 11/06/24 reversided at 11/06/24 reversided at 11/06/24 reversided at 11/06/25 reversided at 11/06/24 reversided at 11/	was not available for responsible for ensuring the the facility to be administered ew with a MA on 12/10/24 at ew with the Director on a.  enterview with the 2/17/24 at 2:42pm.  ent #3's most recent FL-2 ealed there was an order for (used to treat manic and mood release (ER) 500mg three at #3's MAR for October 2024 by for divalproex sodium ER is at bedtime for bipolar or entation divalproex was daily 28 of 30 opportunities 0/31/24; there was nothing 1/29/24 and 10/31/24.  It #3's eMAR for November by for divalproex sodium ER is at bedtime for bipolar or the formal of the formal entation of the form	{D 358}			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPF		` ′	E CONSTRUCTION		SURVEY PLETED
				A. BUILDING:			<b>D</b>
		HAL073010		B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	LIVING		JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENC / MUST BE PRECEDED SC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	Continued From paradministered once from 11/01/24 to 11 -Divalproex was do to take on 11/18/24 -Divalproex was do to take on 11/22/24 from the pharmacy  Review of Resident 2024 from 12/01/24 -There was an entr 500mg three tablets scheduled at 8:00p -There was docume administered once from 12/01/24 to 12 -Divalproex was do to take on 12/07/24 12/12/24Divalproex was do to take on 12/07/24 come in from the pl  Observations of Rehand on 12/10/24 at 10:56am revealed is sodium available for Telephone interview facility's contracted 3:20pm revealed: -Resident #3 had at 500mg three tablets dated 08/06/24A thirty-day supply on 08/06/24A thirty-day supply on 09/05/24There were no oth	daily 27 of 30 oppor/30/24. cumented as physe, and 11/19/24. cumented as physe with a note, it had a substitute of 90 tablets was of 90 tablets was physe and 12/13 and 12/14 are substitute of 90 tablets was of 90 tablets was physe and 12/14 are substitute of 90 tablets was of 90 tablets was physe and 90 tablets was of 90 tablets was physe are pharmacy on 12/14 are pharmac	sically unable sically unable I not come in ecember aled: dium ER polar (was rtunities) sically unable 24, and sically unable ng for it to eation on 12/24 at proex est from the 10/24 at exex ER order was dispensed dispensed	{D 358}			
	-There were no oth there were no more						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		HAL073010	B. WING			₹   <b>7/2024</b>
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIEL	IFICUTE ACCIETED I	2065 CHU	JB LAKE RO	AD		
MAPLE	IEIGHTS ASSISTED L	ROXBOR	O, NC 27573	<b>S</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 358}	-The pharmacy had and the facility for 8 new order for Reside -The pharmacy had physician or the face-Resident #3 was of for divalproexDivalproex ER was immediately stoppe changed to an immediate	rorder to refill the medication. reached out to the physician weeks attempting to get a lent #3's divalproex. not heard back from the ility. n an extended release (ER) is not recommended to be d; usually the dosage was ediate release and/or lowered emedication.  With Resident #3's mental IP) on 12/12/24 at 11:45am in active order for divalproex take three tablets to equal in active order for divalproex. It will be a medication in the sident #3's divalproex. In the sident #3's divalproex order to the pharmacy when in active order for divalproex. It was not 10/15/24 and wrote we refills for his divalproex. Order to the pharmacy to received if the medication in the sident #3 on 12/02/24 and in the sident #3 on 12/02/24 and in the sident #3 on 12/02/24 and in the sident #3 or dered on the history of bipolar disorder and onex because it was for mood utally weaned off with dosage	{D 358}			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE : COMPI	
					R	<u> </u>
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	B LAKE RO. D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	side effects like gairable expected the first side expected expect	ex in his system prevented any t disturbance. Facility to make sure Resident son the medication cart for or them to reach out to her if getting the medication from have mood swings, been hard a difficult behaviors without the preported behaviors or at #3 by the staff. Inges to the divalproex order, as facility to administer the red.  Ident #3 on 12/11/24 at at at one time but they [staff] did pills anymore.	{D 358}			
	revealed Resident # medication cart bed already been reorde  Interview with a MA revealed: -Resident #3 did no medication cart bed pharmacy yetShe pulled a sticket	on 12/12/24 at 10:56am  It have divalproex on the cause it had not come from the er from the medication card sheet to give to the Director; hen.				

	of Fleatiff Service IN		T		T	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			1		F	,
		HAL073010	B. WING		1	7/2024
		11/12/10/10			1 14/1	1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIFL	HEIGHTS ASSISTED L	IVING 2065 CHU	IB LAKE RO	AD		
WAI LE I	ILIOITIO AGGIGTED L	ROXBOR	O, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATURY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
{D 358}	Continued From pa	ge 219	{D 358}			
	she could not say h	ow long it took				
		now long Resident #3 had				
		alproex, but they had been				
	waiting for it.	raiproex, but they had been				
		n good, and he was not acting				
	any different.	in good, and no was not dotting				
		ery day how he was doing, and				
	he would say he wa					
		f Resident #3's divalproex				
	needed a new order.					
	-She did not call the	e pharmacy and she did not				
		ause that was the Director's				
	responsibility.					
		physically unable to take on the				
		ication was not available to				
	administer.					
	-If she had docume	nted she administered the				
	medication when it	was not available then she				
	made a mistake wh	en she documented.				
		ond MA on 12/13/24 at				
	9:25am revealed:					
		f Resident #3 had been out of				ļ
	divalproex.					ļ
		physically unable to administer				
	if the medication wa					ļ
		r know when a medication				ļ
		lication cart and she would				
	reorder it.					
		Singaton on 40/40/04 -+ 0:45				
	revealed:	Pirector on 12/12/24 at 3:15pm				
		ot morning 12/12/24				ļ
		at morning, 12/12/24, her residents were out of				
	medications.	ici residents were out or				ļ
		a piece of paper she had				ļ
		Resident #3 was out of and				ļ
	the divalproex was					ļ
		on the list. now long he was out of his				

Division of Health Service Regulation

divalproex.

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		HAL073	3010	B. WING		12/1	₹ <b>7/2024</b>
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	_IVING		IB LAKE ROA O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 220		{D 358}			
	-She knew Resider divalproex for him a MHP today, 12/12/2-The MHP was at the she let the MHP know heeded a refill order or divalproex for him know why she did restaff had not told from letely out of himself the staff, including have caught Reside divalproex to administer administer it; she distributed in the staff, including have caught Reside divalproex as a sum administer it; she distributed in the staff, including have caught Reside divalproex as a sum administer it; she distributed in the staff, including have caught Reside divalproex as a sum administer it; she distributed in the staff, including have caught Reside in the divalproex as a sum administer it; she distributed in the staff, including have caught have a sum administer it; she distributed in the staff in the s	and she reached. The facility in Cow at that time of the divalup to see if his had come in the follow-up of the Resident of the Mass at the fact of the Mass at th	ned out to the Detober 2024 and the Resident #3 proex. It is divalproex had at the order. It is divalproex had been at the order. It is divalproex for the order had been at the order had bee				

moods stable; he had not noticed or thought there
Division of Health Service Regulation

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STATEMENT OF DEFICIENT AND PLAN OF CORRECTION			ER/SUPPLIER/CLIA ICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
				71. BOILDING.			R
		HAL0	73010	B. WING			17/2024
NAME OF PROVIDER OR	SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS AS	SISTED	LIVING		B LAKE RO. O, NC 27573			
PREFIX (EACH [	DEFICIENC		EFICIENCIES ECEDED BY FULL IG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
administer the MHP at they visited to be accurate relied when a meadministrate. The Direct medication to resident Refer to the 1:14pm.  Refer to the 12/12/24 at Refer to the 12/16/24 at Refer to the Administrate. The Review 05/17/24 results of the resident revealed at the revealed: There was inhale 1 pt 8:00pm.	hange in should not sh	his mood. ot document as not in the reviewed the reviewed the reviewed the reviewed the reviewed to the facility to the facili	for ensuring the be administered  A on 12/10/24 at  Director on  Director on	{D 358}			

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SU		` ′	E CONSTRUCTION		SURVEY PLETED
				7. BOILDING.			R
		HAL07301	10	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED	LIVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICION Y MUST BE PRECEDI SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
{D 358}	Continued From part of 54 opportunities -Advair was docum daily from 11/01/24 11/30/24Resident #6 was of facility from 11/18/2 -Advair was docum on 11/18/24 and 11  Review of Resident 2024 from 12/01/24 -There was an entrinhale 1 puff twice 8:00pmAdvair was docum 25 opportunitiesAdvair was docum 25 opportunitiesAdvair was docum take 3 times from 1  Observation of Reshand on 12/13/24 are -There was an Advactuations dispensives in a small resemedication label or -There was a sticked the open date of the it expired one montant -There was no ope inhaler or the packageThe actuation cour inhalations available Telephone interview facility's contracted 12:51pm revealed: -Resident #6 had a inhale one puff twice in the store of the package.	from 11/0124 to lented as admin to 11/17/24 and locumented as a december of the to 11/21/24. The tented as admin lented as physical lented as physical lented as physical lented as admin lented as physical lented as admin lented as physical lented as administer lented as adminis	istered twice I 11/22/24 to but of the istered once  December realed: -50mcg diskus at 8:00am and istered 22 of ally unable to 3/24.  Cations on led: haler with 14 in a box that the pharmacy of documenting structions that cker, the I/07/24 on the lere were 12 ing.  Cist from the 2/16/24 at	{D 358}			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
		HAL073010	B. WING		R	R 7/2024
NAME OF PR	ROVIDER OR SUPPLIER		l	STATE, ZIP CODE	, 12/1	172024
MAPLE HE	EIGHTS ASSISTED L	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
- s - c c t t - s r r r r r r r r r r r r r r r r r r	supply was dispense. There was a country down the number of the supply the pharmach medication label has refilled after 11/07/2 resident #6's Advair was used to difficulty and was new Advair was a steroiout if doses were moved the resident cours and the worder had be new Advair diskus which was a steroiout if doses were moved the resident cours and the worder had be new Advair diskus which was a steroiout if doses were moved the resident cours and the worder had be new Advair diskus which would be distributed the inhaler than the worder had be new Advair diskus which would not use the ran out.  It took about a week on, he just got the new Advair diskus which was a main of the worder was a main worder. Resident #6 was on wice daily for his as Advair was a main of the worder was a worder was a main of the worder was a worder was	with 14 actuations for a 7-day ed on 11/01/24. er on the diskus that counted f available inhalations each er may have been the only by had to send so the did the order that could be each. Air was not on a cycle fill; the st a refill. The edded for long term use, id for longer acting treatment, issed for more than a day or all dexperience shortness of rated with more symptoms. Even written on 12/13/24 and a with a 30-day supply was with a 30-day or with	{D 358}			

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		HAL073010	B. WING			` 7/2024
						.,
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	JB LAKE RO			
		ROXBOR	O, NC 2757	3		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
170		,	IAG	DEFICIENCY)		
(D 350)	Cantinuad Francisco	ma 224	{D 358}			
{D 358}	Continued From pa	ge 224	{D 336}			
	was an increased a	ffect for residents with				
	asthma, so it was n	nore crucial for it to be				
	administered daily.					
		a week at a time there would				
		k of exasperation like				
	shortness of breath	· ·				
		medication to be administered				
	per the order and w	ith consistency.				
	Interview with a medication aids (MA) on					
	Interview with a medication aide (MA) on 12/16/24 at 5:25pm revealed:					
		now many inhalations were on				
	Resident #6's Adva					
		look at the actuation counter				
	when she administe					
		the one on the cart that was				
	not used up.					
	-She did not know t	hey needed to be discarded				
	30 days after they v	vere opened.				
	-She did not open t	he inhaler, so she did not write				
	an open date on it.					
		refill after "some date in				
	November 2024".					
		Resident #6 his Advair; he did				
	not refuse it.	ster it after she was told on				
		Id not be used because it had				
	been opened for mo					
		ery day how he was, and he				
	was always "fine".	ory day now ne was, and ne				
	Interview with the D	irector on 12/16/24 at 3:00pm				
	revealed:	·				
		roblems getting his Advair				
	because of insuran					
		hospital for two days in				
		ne thought he still had the				
		missed one or two days while				
	at the hospital.					
	-Those should have	been the only two days he				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			,		   F	,
		HAL073010	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING 2065 CHU	B LAKE RO	AD		
	ILIOITIO AGGIOTED I	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From page 225		{D 358}			
	the last time she did before 12/08/24She did not look at inhalations were lef -She did not know to medication cart only Advair inhalers usure in the Advair, becare MARThe Advair should should not have be December 2024The staff did not te his Advair inhaler usure in the staff did not te his Advair inhaler usure in the staff did not te his Advair inhaler usure in the staff did not the his Advair inhaler usure in the his Advair inhaler usure in the his Advair inhaler usure inhaler us	Advair on the medication cart d cart audits about two weeks to the counter to see how many it. The Advair that was on the y had 14 inhalations in it; the ally had 60. If staff administered Resident use she had not looked at the not have lasted very long and en on the medication cart in the lill her about any problems with a cycle fill and had to be				
	12/17/24 at 2:15pm -Resident #6 was or breathingHe expected the A could be administerResident #6 should Advair twice a day a it was for breathing the residentThe MAs should not administered if it was the PCP reviewed to and relied on the in accurateHe relied on the M when a medication administrationThe Director was resident.	rdered the Advair inhaler for dvair to be in the facility so it				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONTECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			
		HAL073010	B. WING		F 12/1	₹ 7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING 2065 CHU	JB LAKE RO	AD		
	TILIOTTIO ACCIOTED I	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 226	{D 358}			
	to residents.					
	Refer to the interview with a MA on 12/10/24 at 1:14pm.					
	Refer to the interview with the Director on 12/12/24 at 3:15pm.  Refer to the interview with the Director on 12/16/24 at 2:45pm.  Refer to the telephone interview with the Administrator on 12/17/24 at 2:42pm.					
	8. Review of Reside 06/05/24 revealed:	ent #13's current FL-2 dated				
	bipolar disorder and					
		othiazide (used to treat high Omg-25mg once daily.				
		#13's electronic medication rd (eMAR) for November 2024				
	daily scheduled at 9	othiazide 100mg-25mg once 0:00am.				
		orothiazide was documented of 30 opportunities from 4.				
	as physically unable 11/13/24 to 11/21/2					
	on the eMAR notes on 11/21/24.	orothiazide was documented as waiting on the pharmacy				
	twice daily schedule	y for blood pressure checks ed at 8:00am and 8:00pm. heck blood pressures prior to				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER HEIGHTS ASSISTED L	IVING 2065 CH	DDRESS, CITY, S UB LAKE ROA RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 358}	administering any a medications and to pressure results we 60 systolic or greate systolic.  -There was docume pressures were 194 11/14/24, 187/120 of 11/18/24.  Review of Resident 2024 from 12/01/24  -There was an entry losartan-hydrochlor daily scheduled at 94  -Losartan-hydrochlor as administered 7 of 12/01/24 to 12/13/2  -Losartan-hydrochlor as physically unable 12/08/24 to 12/13/2  -There was an entry twice daily schedule 12/08/24 to 12/13/2  -There was an entry prior to administering medications and to pressure results we 60 systolic or greate systolic.  -There was docume pressures were 166 12/09/24, 164/104 of 12/12/24.  Observation of Reshand on 12/13/24 and losartan-hydroch administration.	and all blood pressure notify the PCP if blood ere less than 90 diastolic over er than 160 diastolic over 90 entation the resident's blood 4/121 on 11/05/24, 185/104 on on 11/17/24 and 195/110 on 11/17/24 and 195/110 on 12/13/24 revealed: y for othiazide 100mg-25mg once 9:00am. orothiazide was documented of 13 opportunities from 14. Orothiazide was documented et to take 6 times from				

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ווטופוזיום	Division of Health Service Regulation								
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED			
		HAL073010	B. WING		F 12/1	R <b>7/2024</b>			
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE					
		2065 CH	UB LAKE RO	,					
MAPLE	HEIGHTS ASSISTED I	LIVING ROXBOF	RO, NC 27573	}					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			
{D 358}	Continued From pa	ge 228	{D 358}						
	check on 12/16/24 pressure was 138/8	at 9:05am revealed his blood 35.							
	facility's contracted 12:51pm revealed: -Resident #13 had losartan-hydrochlor dailyFourteen tablets of were dispensed on -Thirty tablets of loswere dispensed on -Sixteen tablets of I 100mg-25mg were -An order to refill Relosartan-hydrochlor dated 12/13/24 for d-Thirty tablets of los	othiazide 100mg-25mg once f losartan-hydrochlorothiazide 09/24/24. sartan-hydrochlorothiazide 10/04/24. osartan-hydrochlorothiazide dispensed on 11/21/24. esident #13's othiazide 100mg-25mg was							
	Telephone interview with Resident #13's former primary care provider (PCP) on 12/17/24 at 12:07pm revealed: -Resident #13 was ordered losartan-hydrochlorothiazide 100mg-25mg once daily for his hypertensionHis blood pressure was high and missing a single dose would not be a concern but if he missed more than a couple of doses it would increase the risk for high blood pressureIf he consistently continued to miss multiple doses he would be at risk for a stroke or a heart attackIf the resident was not administered his medication consistently then his blood pressures should have been monitored to make sure they were not elevated.								

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-She expected the order to be followed and the

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			_
		HAL073010	B. WING		12/1	≺ 7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 229	{D 358}			
	losartan-hydrochlor daily.	othiazide to be administered				
	Interview with Resident #13 on 12/16/24 at 5:28pm revealed: -He did not know what medications he tookHe thought he had high blood pressure and took medication for itHe knew they checked his blood pressure, but he was not sure when or what the results were.  Interview with a medication aide (MA) on 12/16/24 at 5:25pm revealed: -Resident #13's losartan-hydrochlorothiazide was still not in yetHis losartan-hydrochlorothiazide had been reordered sometime last weekShe only knew it was not on the medication cart to administer to him.					
	Interview with the Director on 12/16/24 at 3:00pm revealed: -She knew Resident #13 did not have his losartan-hydrochlorothiazide because it was not on the medication cart when she checked on 12/08/24; it was not on the medication cart in November 2024 when she did the auditsShe never thought to look at the eMAR to see if the medications were being administeredResident #13 needed a refill order for his losartan-hydrochlorothiazide and she could not get the former PCP to write a refill orderShe did not know what to do about Resident #13's losartan-hydrochlorothiazideShe did not tell the Administrator she could not get Resident #13's losartan-hydrochlorothiazide; she thought she was handling itThe MAs were supposed to document physically unable to administer if the medication was not in the facility.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		1141.0720	40	B. WING			R <b>12/17/2024</b>	
		HAL0730				12/	17/2024	
NAME OF	PROVIDER OR SUPPLIER			DRESS, CITY, S I <b>B LAKE RO</b>	STATE, ZIP CODE			
MAPLE	HEIGHTS ASSISTED I	LIVING		O, NC 27573				
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	(X5) COMPLETE DATE		
{D 358}	Continued From page 230			{D 358}				
	Telephone interview with the Administrator on 12/17/24 at 2:15pm revealed: -Resident #13 was ordered the losartan-hydrochlorothiazide by the PCP for a reasonHe expected the losartan-hydrochlorothiazide to be in the facility and to be administered as orderedResident #13's blood pressure should have been monitored while the medication was not administeredThe MAs should not document the medication as administered if it was not in the facility because the PCP reviewed the eMARs when they visited and relied on the information on them to be accurateHe relied on the MAs to tell the Director when a medication was not available for administrationThe Director was responsible for ensuring the medication was in the facility to be administered to residents.  9. Review of Resident #2's current FL-2 dated 09/10/24 revealed: -Diagnoses included hypertension and peripheral artery diseaseThere was an order for Clonidine (used to treat high blood pressure (BP)) 0.3mg three times daily.							
	Review of Resident #2's October 2024 paper medication administration record (MAR) from 10/10/24-10/31/24 revealed: -There was an entry for Clonidine 0.3mg three times daily with scheduled administration times of 9:00am, 3:00pm, and 9:00pmThere was documentation Clonidine 0.3mg was not administered on 10/29/24 and 10/31/24 at							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
							R	
		HAL0730	10	B. WING		12/1	7/2024	
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE			
MAPLE	HEIGHTS ASSISTED L	LIVING		IB LAKE RO. O, NC 27573				
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{D 358}	Continued From parts 3:00pm and 9:00pm -There were no exceeded to be seen as a series of times daily with school and seen as a series of the serie	n. septions documentally in the exception of the exceptio	or 2024 D.3mg three stration times of the 0.3mg was from the conduction on documented or 2024 eMAR D.3mg three stration times of the 0.3mg was 0.0pm and the ented as the conduction of the cond	{D 358}				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
				A. BUILDING:			_
		HAL0730	10	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING		IB LAKE RO			
WAI LL	TILIGITIO AGGIOTED		ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG			ED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COR		(X5) COMPLETE DATE
{D 358}	Continued From page 232			{D 358}			
{D 358}	hand on 12/10/24 a -Two punch cards I were dispensed on dispensedThe punch card la remaining in the ca punchedThe card labeled 2 in the card; 29 table -There was docume that 42 tablets were prescription.  Telephone interview facility's contracted 10:05am revealed: -Resident #2's Clor directions to take th on 09/02/24 for 90 tablets, 10/22/24 for tablets and 12/10/2 -When the pharmac Clonidine for the Or prescription had rur -On 10/02/24, a pre 30-day supply and try to get the medic cycle fillOn 10/22/24, the pharmacy for a refir -On 10/22/24, the pharmacy for a refir -On 10/22/24, anotte for a 30-day supply dispensed to get th -On 12/10/24, anotte for a 30-day supply dispensed.	at 2:41pm reveal abeled as Cloni 11/21/24; 48 tall beled as 1 of 2 lend; 18 tablets had been pure entation on the permaining on the entation of the entation back in line action back in l	dine 0.3mg blets were had no tablets ad been ablet remaining inched. pharmacy label he cist from the 2/11/24 at th the was dispensed 4 for 18 21/24 for 48 esident #2's the eccived for a dispensed to e with the next acted the ne. em showed 48 o get to the bensed. was received were next cycle. was received	{D 358}			

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 233 of 308

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		F 42/4	R 7/2024
NAME OF 1			<u> </u>		12/1	112024
NAME OF I	PROVIDER OR SUPPLIER		IB LAKE RO	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 233	{D 358}			
(D 000)	ahead of when the facility would begin the cycleAn example would be medication for the current cycle was shipped out between 12/03/24-12/04/24 to be started on 12/07/24Clonidine was used to treat high blood pressure.  Interview with Resident #2 on 12/10/24 at 4:00pm revealed: -He did not "really know" what medication he was administered dailyHe was supposed to take a BP medication, but he did not know if the medication was in his "cup" every dayHe had a headache "here and there." -He thought staff checked his BP once a month, he did not know what his BP readings were.  Interview with a medication aide (MA) on 12/13/24 at 9:04am revealed: -Exceptions documented as physically unable to take meant the medication was not available to be administeredShe recalled Resident #2 did not have Clonidine available to be administeredShe circled her initials on the paper MAR/eMAR and let the Director know the medication was not on the medication cartShe did not tell the Director every day the medication was not on the cart, just randomlyShe did not check Resident #2's BP when she worked.  Interview with a second MA on 12/17/24 at 11:00am revealed: -Initials that were circled on the MARs meant Resident #2's Clonidine was not administeredThe exceptions documented as physically unable to take meant the medication was not available to be administeredResident #2's Clonidine finally came in but she		(D 330)			

HAL073010 B. WING R 12/17/2024	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		
HAL073010   B. WING   12/17/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	AME OF PROVIDER OR SUPPLIER		
MAPLE HEIGHTS ASSISTED LIVING  2065 CHUB LAKE ROAD ROXBORO, NC 27573	MAPI E HEIGHTS ASSISTED LIVING		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETED COMPLETE	PREFIX (EACH DEFICIENC		
(D 358)  Continued From page 234 did not recall when.  Telephone interview with Resident #2's former primary care provider (PCP) on 12/11/24 at 4:31 pm revealed: -Clonidine was used to treat high BPShe would be concerned if the resident missed multiple doses of Clonidine, because the resident could have elevated BPsIf Resident #2's BP was consistently high he could be at risk of a stroke or heart attack.  Interview with the Director on 12/17/24 at 3:11pm revealed: -She was aware Resident #2's Clonidine was one of the medications that she received a notification from the pharmacy that the prescription did not have any refilisShe had requested a refill from the former PCP.  Interview with the Administrator on 12/17/24 at 5:49pm revealed: -If Resident #2' was out of Clonidine, he expected the Director to determine why the medication was not on the medication art and to get the medication inHe expected the Director to make sure the prescription for Resident #2's Clonidine was up to date so the medication was availableHe expected Resident #2 to be administered his Clonidine as orderedHe was concerned Resident #2's BP was not controlled if his BP medication was not administered as ordered.  Refer to the interview with a MA on 12/10/24 at 1:14pm.	did not recall when Telephone interview primary care provid 4:31pm revealed: -Clonidine was use- She would be con multiple doses of Could have elevate- If Resident #2's B could be at risk of a could		

	or riealth Service Ne	l'			T	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	LLILD
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		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW WILL OT	THO VIDEN ON OUT FEILIN		JB LAKE RO	•		
MAPI F HEIGHTS ASSISTED LIVING			O, NC 27573			
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(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
{D 358}	Continued From pa	ne 235	{D 358}			
(B 000)	-		[5 000]			
		ew with the Director on				
	12/12/24 at 3:15pm	ı <b>.</b>				
	D-f4-4	itle the Discrete and				
		w with the Director on				
	12/16/24 at 2:45pm					
	Refer to the telepho	one interview with the				
	Administrator on 12					
	7 14	,				
	Interview with a MA	on 12/10/24 at 1:14pm				
	revealed:					
	-When a medication	n was not available to be				
		documented "resident				
	physically unable to					
		re-order sticker from the				
		nd then she gave the sticker to				
		medication needed to be				
	reordered.					
		esponsible for reordering				
	medications.					
	Interview with the D	Director on 12/12/24 at 3:15pm				
	revealed:	niector on 12/12/24 at 3.13pm				
		er located on each medication				
		oved by the MAs and put on a				
		faxed to the pharmacy when				
	medication needed					
	-She kept a copy of	the medication refill sheet				
	she faxed to the ph					
		it a medication manifest with				
	the medication deliv	very.				
	-She compared the medication refill sheet with the medication manifest the pharmacy provided.					
		s not delivered per the				
		st, then she called the				
	pharmacy to check					
		d an issue with an order or				
		lld scan a request for the				
		CP or do telehealth with the				
	PCP.					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION		SURVEY PLETED
			A. BOILDING	·		_
		HAL073010	B. WING			R 1 <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING	HUB LAKE RO ORO, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	(X5) COMPLETE DATE	
{D 358}	an escript (electron pharmacy and the reshe had sent a list former PCP about the get refill orders for reshe currently could former PCP; she didentified orders for some medications.  -After 11/30/24 she telehealth system be longer serviced by the longer serviced by the longer serviced by the longer serviced by the medication would be 11:00am-4:00pm.  -When the medicate they slid the order refill under her door.  -She reviewed the refined her door.  -She reviewed the refined her door.  -She reviewed the refined her door.  -She did cart audits documented the ausence of the side of the medications were considered to see the still available for additional needed to be reorded.  The cycle fill medicate or she was a side of the side of the cycle fill medicate.	gn off on the request or sendic prescription) to the medication would come in. to of specific medications to the two weeks ago in an attempt medications. It do not do telehealth with the id not know what to do to get the of the residents'  In a longer had access to the pecause the facility was not the former PCP. If order in the morning the pe delivered by between the delivered by between the medication list when it was armacy with the medication manifest medication manifest medication in the delivered when it delivered by the medication carts to see if the cart.  In a solution of the cart of the orders of the orders.  In a solution of the orders of the order of the	ne to to ed m			

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 237 of 308

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		R <b>12/17/2024</b>	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	B LAKE RO			
MAPLE	HEIGHTS ASSISTED L	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{D 358}	Continued From pa	ge 237	{D 358}			
	medication carts an removedUnused medication returned to the phait tablet left so the cou-She compared the order on the medica-She did not look for Inhalers, creams, ewere not on cycle firefillThe last audit she 12/08/24 when she needed refill orders -When the Administ would ask if the res and if the medicatio correctlyShe did not inform	the counters of inhalers and open dates on medications. eyedrops and nose sprays II and had to be requested for did was two weeks before realized some medications				
	Telephone interview with the Administrator on 12/17/24 at 2:42pm revealed: -The Director should check when medications were delivered to the facility to ensure all ordered medications were delivered.					
	-The Director should bi-weekly to make a hand to be administ -He was concerned process was being because missed me issueHe expected all res	d check the medication cart sure all medications were on				

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DIVISION	of Health Service Re	egulation					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUF		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATIO	N NUMBER:	A. BUILDING:		COMP	LETED
						_	
				D WING		R	
		HAL073010		B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER		STDEET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIE OF I	-KOVIDER OR SUFFLIER						
MAPLE	HEIGHTS ASSISTED I	IVING		IB LAKE RO			
	ILIOITIO AGGIGTED I	2171110	ROXBOR	O, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIE	NCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX		/ MUST BE PRECEDE		PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFO	RMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
					DEFICIENCY)		
(D 250)	Continued From no	220		(D 350)			
{D 358}	Continued From pa	ige 238		{D 358}			
	The facility failed to	administer medi	cations as				
	ordered to 9 of 9 re						
	who had multiple fa						
	•	•					
	times from 10/21/24						
	to the hospital on 1						
	orthostatic hypoten						
	were discontinued.						
	facility on 11/19/24	and the BP medi	cations				
	continued to be adr	ministered, and th	ne resident				
	had three additiona						
	two of which require						
	12/06/24, the reside						
	was sent to the ED						
	arrest, was intubate						
	Resident #11 had n						
	the ED 3 times fron						
	ordered a seizure n						
	from the facility whi						
	18 days which put h						
	seizures. Resident	#3, diagnosed wi	th				
	hypertension and h	ad BP readings of	of 146/100				
	and 151/101, was r	not administered	47 doses of				
	one medication to d						
	administered 21 do						
	used to control BP						
	could not be refilled						
	hypertension with B						
	169/114, 164/104, a						
	of a medication use						
	diagnosed with hyp						
	26 doses of a medi						
	failure resulted in serious neglect which						
	constitutes an unab	ated type A1 viol	ation.				
	The facility provided	d a plan of protec	_ tion in				
	accordance with G.						
	2.200. 44.700 17141 0.		_,,				
	THE CORRECTION	N DATE EOD TU	E TVDE 1/1				
	VIOLATION SHALL						
		LINUT LACEED	DANUART 10,				
	2025.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
						R	
		HAL073010	B. WING		12/	17/2024	
NAME OF	PROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, S	STATE, ZIP CODE			
MAPLE	HEIGHTS ASSISTED L	IVING	CHUB LAKE ROA BORO, NC 27573				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE	
{D 367}	(j) The resident's marecord (MAR) shall following: (1) resident's name (2) name of the me (3) strength and do administered; (4) instructions for a or treatment; (5) reason or justific medications or treadocumenting the re (6) date and time of (7) documentation of medications or treadomission, including (8) name or initials the medication or tresignature equivalent	04 Medication Administration be accurate and include the comparison or treatment order sage or quantity of medicate administering the medication administering the medication for the administration transparent as needed (PRN) assulting effect on the reside fadministration; of any omission of treatments and the reason for refusals; and, of the person administering treatment. If initials are use at to those initials is to be traintained with the medication.	e;;ion on on of ond ont; the				
	reviews, the facility medication adminis accurate for 8 of 10 #3, #5, #6, #7, #8, # administration of ar medication (#2); an anti-anxiety medication (#5); an blood pressure medication and a medication and a medication and a	ions, interviews, and record failed to ensure the stration record (MAR) was sampled residents (#1, #2	in				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	₹
		HAL073010	B. WING		1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	B LAKE RO			
	OLUMBA DV OTA		O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 240	{D 367}			
	sleep aid (#9).					
		ent #5's previous FL-2 dated diagnosis included diabetes.				
	02/21/24 revealed diagnosis included diabetes.  Review of Resident #1's signed physician orders dated 05/06/24 revealed:  -There was an order to check and record blood sugar readings four times daily.  -There was an order for Novolog (a fast-acting insulin used to lower blood sugar) sliding scale insulin (SSI) three times daily before meals as follows: 0 to 200 - 0 units; 201 to 250 - 2 units; 251 to 300 - 4 units; 301 to 350 - 6 units; 351 to 400 - 8 units; call the doctor if blood sugar was greater than 400.  Review of Resident #1's October 2024 paper medication administration record (MAR) from 10/10/24 to 10/31/24 revealed:  -There was an entry for blood sugar checks four					
	times daily scheduled at 7:30am, 11:30am, 4:30pm, and 7:30pm.  -There was documentation blood sugar readings were checked from 10/10/24 to 10/30/24 at 7:30am, 11:30am, 4:30pm and 7:30pm and on 10/31/24 at 7:30am, 11:30am, and 4:30pm.  -There was no documentation on 10/31/24 at 7:30pm; the MAR was blank.  -There was an entry for Novolog SSI as follows: 0 to 200 - 0 units; 201 to 250 - 2 units; 251 to 300 - 4 units; 301 to 350 - 6 units; 351 to 400 - 8 units; call MD if blood sugar was greater than 400 -There was documentation Novolog SSI was administered from 10/10/24 to 10/30/24 7:30am, 11:30am, and 4:30pm and on 10/31/24 at 7:30am; there was no documentation of how many units of Novolog SSI was administered.  -There was no documentation on 10/31/24 at 11:30am and 4:30pm; the MAR was blank.					

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	Of Fleatill Service IN	i Squiation	1		ı	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMP	LLILD
					F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	JB LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED I	LIVING ROXBOR	O, NC 27573	3		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
{D 367}	Continued From pa	ge 241	{D 367}			
	Telephone interviev	w with the Pharmacist from the				
		pharmacy on 12/11/24 at				
	2:04pm revealed:					
	,	not enter a place for the units				
		ented onto the MAR.				
		aper MARs in October and the				
	facility staff could hand write on the MAR a place to record the number of units administered to the					
	resident.	er or units administered to the				
	resident.					
	Interview with a me	dication aide (MA) on				
	12/12/24 at 2:41pm					
		he number of units of insulin				
		Iministered for elevated blood				
		personal small notebook.				
	not been able to loo	ook at the facility, but she had				
	Tiot been able to loc	cate the hotebook.				
	Interview with the S	Supervisor on 12/12/24 at				
	3:52pm revealed:	•				
	-The number of uni	ts administered for a SSI order				
	should be documer					
		n the back of the paper MAR				
		MAs could right it in on the				
	front of the MAR.					
	Interview with the D	Director on 12/16/24 at 5:03pm				
	revealed:					
		ave documented the number				
	of units administered with the SSI order on the					
	MAR.					
	-The MAs could have written it in on the paper					
	MAR. She did not know the MAs were not decumenting					
	-She did not know the MAs were not documenting the number of units of insulin that was being					
	administered based					
		notified there was no place to				
		ber of units of insulin				
	administered.					

Division of Health Service Regulation						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	}
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	JB LAKE RO	AD		
WAPLE	HEIGHTS ASSISTED I	IVING ROXBOR	O, NC 2757	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	 ige 242	{D 367}			
		lace on the paper MAR to ber of units of insulin				
	12/17/24 at 2:53pm -The number of uni SSI should be docu -The MAs could do	its of insulin administered for a umented on the MAR. cument on the front or the MAR and could have the				
	09/21/24 revealed of	ent #5's current FL-2 dated diagnoses included diabetes e prolapse, hypertension, and				
	09/21/24 revealed: -There was an orderecord readings before the end of the en	ent #5's current FL-2 dated er for blood sugar checks and fore meals and at bedtime. er for Novolog (a fast-acting er blood sugar) sliding scale cimes daily before meals as 0 units; 201 to 250 - 2 units; e; 301 to 350 - 6 units; 351 to to 450 - 10 units; 451 to 500 -				
	medication adminis 10/10/24 to 10/31/2 -There was an entry record readings beful and the entry record readings and the entry record rec	t #5's October 2024 paper stration record (MAR) from 24 revealed: y to check blood sugar and fore meals and at bedtime. entation blood sugar readings 10/10/24 to 10/28/24 and on 11:30am, 4:30pm and 1/29/24 and 10/31/24 at				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		   F	₹
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CORRECTION (CROSS-REFERENCE)	D BE	(X5) COMPLETE DATE
{D 367}	at 11:30am, 4:30pm blank.  -There was an entrinsulin as follows: 0 2 units; 251 to 300 351 to 400 - 8 units 500 - 12 units with a time of 7:30am, 11:  -There was docume administered from 10/30/24 at 7:30am on 10/29/24 and 10 11:30am; there was many units of Novo-There was no docuadministered on 10 4:30pm; the MAR with the facility's contracted 2:04pm revealed:  -The pharmacy did of SSI to be documed the facility used pand the facility used pand the facility staff a place to record the administered to the linterview with a men 12/12/24 at 2:41pm. She documented to the resident was account to been able to loculate the resident was account to the left the noteborn of the left t	ined on 10/29/24 and 10/31/24 and 7:30pm; the MAR was of for Novolog sliding scale to 200 - 0 units; 201 to 250 - 4 units; 301 to 350 - 6 units; 401 to 450 - 10 units; 451 to a scheduled administration 30am, and 4:30pm. entation Novolog SSI was 10/10/24 to 10/28/24 and on 11:30am, and 4:30pm; and 31/24 at 7:30am and sono documentation of how log SSI was administered. In a scheduled administered. In a scheduled administered was blank.  Which with the Pharmacist from the pharmacy on 12/11/24 at 10/29/24 and 10/31/24 a	{D 367}			
	3:52pm revealed: -The number of uni	ts administered for a SSI order				

	Of Fleatin Service IN					
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:	<del></del>		
					F	
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	B LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED L	IVING ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 244	{D 367}			
, ,,	should be documer -There was room of to document or the front of the MAR.	nted on the MAR.  In the back of the paper MAR  MAs could right it in on the				
	revealed:	Pirector on 12/16/24 at 5:03pm				
		ave documented the number				
	of units administered with the SSI order on the MAR.					
	<ul> <li>-The MAs could have written it in on the paper MAR.</li> <li>-She did not know the MAs were not documenting the number of units of insulin that was being administered based on SSI order.</li> </ul>					
	document the number administered.	notified there was no place to per of units of insulin ace on the paper MAR to				
		per of units of insulin				
	12/17/24 at 2:53pm -The number of uni SSI should be docu -The MAs could do	ts of insulin administered for a mented on the MAR. cument on the front or the MAR and could have the				
	b. Review of Resident #5's current FL-2 dated 09/21/24 revealed there was an order for Eliquis 5mg (used to treat and prevent blood clots) twice daily.					
	10/10/24 to 10/31/2 -There was an entry	#5's October 2024 MAR from 4 revealed: y for Eliquis 5mg twice daily dministration time of 8:00am				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010		B. WING			<b>尺</b> 17/2024
NAME OF	PROVIDER OR SUPPLIER		REET ADD	DRESS, CITY, S	STATE, ZIP CODE	12/	1172024
	HEIGHTS ASSISTED I	IVING 206	65 CHU	B LAKE RO. D, NC 27573	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	-	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	administered from 8:00amThere was no doct administered from 8:00pm; the MAR v Interview with the a revealed: -She gave Residen forgot to sign the pa-She always gave F-She did not realize MAR. Interview with the Drevealed: -The MAs should sign administration of the second control of	entation Eliquis was 10/01/24 to 10/31/24 at 24 at 25	nd dered. aper 03pm	{D 367}			
	-The MARs should be correct so when the PCP reviewed the MAR, the PCP would know how to adjust medications.  Telephone interview with the Administrator on 12/17/24 at 2:53pm revealed: -The MAs should document administration of all medicationsThey should verify that all medications administered have been signed off on the eMAR.  c. Review of Resident #5's current FL-2 dated 09/21/24 revealed there was an order for Lantus (a long-acting insulin used to control high blood sugars) 55 units twice daily.  Review of Resident #5's November 2024 eMAR revealed: -There was an entry for insulin glargine 55 units subcutaneous every day with a scheduled administration time of 8:00pm.						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			R 1 <b>7/2024</b>
	PROVIDER OR SUPPLIER HEIGHTS ASSISTED I	IVING 2065 CH	DDRESS, CITY, S UB LAKE ROA RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
{D 367}	administered daily factorial transfer of the remainistration time. There was docume administered from 11/10/24 to 11/30/24. There was an exception 12/01/24 to 12-There was an entry subcutaneous ever administration time. There was an exception 12/07/24 at 8:00pm medication was on 12/09/24. Telephone interview facility's contracted 2:04pm revealed: 12/09/24.	entation insulin glargine was from 11/01/24 to 11/30/24. Indentry for Lantus 55 units edtime with a scheduled of 8:00pm. Intention Lantus was 11/01/24 to 11/08/24 and from 4 at 8:00pm. Intention documented on the exception was the emal through the exception was the three emal emal emal emal emal emal emal em	{D 367}			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	SUPPLIER/CLIA ION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COME	SURVEY PLETED
							R
		HAL0730	110	B. WING		12/	17/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	_IVING		IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	Interview with a MA revealed: -She notified the Di on the eMAR twice -When a duplicate should be signed w administered and the an exception docume unable to take or m twice.  Interview with another revealed: -She did not know the eMAR for the signed:	rector when a rector when a rector was on the hen the medicate second entry nented. In the exception edication was the man	medication was ne eMAR, one ation was y should have n physically on the eMAR  3/24 at 8:06am two entries on				
	-She had notified the for the same medic but the Director did of the entriesThe Director was goes if they could result in the same medic but the Director was goes if they could result in the same with the same medic but the same with the same w	ne Director of direction on the rendered not know how going to notify the move one of the thentries becalto.	uplicate entries sident's eMAR, to remove one he pharmacy to e entries. use she did not				
	Interview with the D revealed: -She did not remen duplicate entry for L-If she had been not the pharmacy to ha-She could not rem the eMAR.	nber being notine Lantus insulin. Itified, she wou we one of the e	fied of the  Id have called entries removed.				
	Telephone interview 12/17/24 at 2:53pm duplicate entry on the Director so one	revealed whe he eMAR, the l	n there was a MA should notify				

Division of Health Service Regulation

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					   F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	B LAKE RO. O, NC 27573			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
{D 367}	Continued From pa	ge 248	{D 367}			
	removed.					
	09/21/24 revealed to furosemide 20mg (congested heart fail Review of Resident from revealed: -There was an entrowith a scheduled acompand administered daily from 11/28/24 to 11There were except and 11/27/24; the ewas on the eMAR to 11/27/24; there was a second daily with a schedul 8:00amThere was document administered daily form 11/25/24 to 11/27/2There were except 11/24/24, and from exceptions were the eMAR twice and phoreon 12/01/24 to 12There was an entrowith a scheduled acompand administered daily form 12/01/24 to 12There was document with a scheduled acompand administered daily form 12/01/24 to 12There was an entrowith a scheduled acompand acompan	tions documented on 11/26/24 xception was the medication wice.  Independently for furosemide 20mg led administration time of sentation furosemide 20mg was from 11/01/24 to 11/22/24 and 4.  Itions documented on 11/23/24, 11/28/24 to 11/30/24; the emedication was on the hysically unable to take.				
		entation furosemide 20mg was on 12/02/24, 12/09/24, and on				

6899

NAME OF PROVIDER OR SUPPLIER  MAPLE HEIGHTS ASSISTED LIVING  SUMMAPY STATEMENT OF DESCRIPTIONS (PAGE)  (PAGE) INSECTION WILLIES THE PRECIDENCE STATE  (PAGE) INSECTION WILLIES THAT WILLIES THE PRECIDENCE STATE  (PAGE) INSECTION WILLIES THAT WILL		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION		SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  205S CHUB LAKE ROAD ROXBORO, NC 27573  [XA) ID PROVIDER'S ASSISTED LIVING  XIMMAPLE HEIGHTS  XIMMAPLE HEIGHTS ASSISTED LIVING  XIMMAPLE HEIGHTS  XIMMAPL				A. BUILDING.			D
MAPLE HEIGHTS ASSISTED LIVING    Name   Name			HAL073010	B. WING		<b>I</b>	
CALC   D   SUMMARY STATEMENT OF DEFICIENCIES	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
(EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPOPRIATE DATE  (D 367)  Continued From page 249  -There were exceptions documented on 12/01/24 and from 12/03/24 to 12/08/24; the exception was physically unable to take.  Telephone interview with the Pharmacist from the facility's contracted pharmacy on 12/11/24 at 2:04pm revealed:  -The pharmacy did not receive a call that furosemide 20mg daily was on the eMAR twiceThe pharmacy could have removed one of the entries if they had been notified.  Interview with a MA on 12/12/24 at 2:41pm revealed: -She notified the Director when a medication was on the eMAR twiceWhen a duplicate order was on the eMAR, one should be signed when the medication was administered and the second entry should have an exception documentedShe would document the exception physically unable to take or medication was on the eMAR for the same medicationShe had notified the Director of duplicate entries of the same medication on the resident's eMAR, but the Director did not know how to remove one of the entriesThe Director was going to notify the pharmacy to see if they could remove one of the entriesShe would sign both entries because she did not know what else to do.	MAPLE	HEIGHTS ASSISTED I	IVING				
-There were exceptions documented on 12/01/24 and from 12/03/24 to 12/08/24; the exception was physically unable to take.  Telephone interview with the Pharmacist from the facility's contracted pharmacy on 12/11/24 at 2:04pm revealed:  -The pharmacy did not receive a call that furosemide 20mg daily was on the eMAR twice.  -The pharmacy could have removed one of the entries if they had been notified.  Interview with a MA on 12/12/24 at 2:41pm revealed:  -She notified the Director when a medication was on the eMAR twice.  -When a duplicate order was on the eMAR, one should be signed when the medication was administered and the second entry should have an exception documented.  -She would document the exception physically unable to take or medication was on the eMAR twice.  Interview with another MA on 12/13/24 at 8:06am revealed:  -She did not know why there were two entries on the eMAR for the same medication.  -She had notified the Director of duplicate entries of the same medication on the resident's eMAR, but the Director did not know how to remove one of the entries.  -The Director was going to notify the pharmacy to see if they could remove one of the entries.  -She would sign both entries because she did not know what else to do.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETE
second entry, so she signed it.	{D 367}	-There were except and from 12/03/24 physically unable to Telephone interview facility's contracted 2:04pm revealed: -The pharmacy did furosemide 20mg do The pharmacy coulentries if they had be Interview with a MA revealed: -She notified the Dio on the eMAR twiceWhen a duplicate of should be signed would docume unable to take or more twice.  Interview with another revealed: -She did not know work the eMAR for the same medical but the Director did of the entriesThe Director was going the would sign book now what else to constant the process of they could respond to the entries.	tions documented on 12/01/24 to 12/08/24; the exception was a take.  It with the Pharmacist from the pharmacy on 12/11/24 at not receive a call that laily was on the eMAR twice. It have removed one of the been notified.  It on 12/12/24 at 2:41pm rector when a medication was not exception physically edication was on the eMAR, one then the medication was not the exception physically edication was on the eMAR.  In the exception physically edication was on the eMAR.  In the exception physically edication was on the eMAR.  In the exception physically edication was on the eMAR.  In the exception physically edication was on the eMAR.  In the exception physically edication was on the eMAR.  In the exception physically edication on the resident's eMAR, not know how to remove one are going to notify the pharmacy to move one of the entries. It entries because she did not docated to do with the	{D 367}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL0730 <sup>,</sup>	10	B. WING			R 1 <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER	111/20100		DRESS. CITY. S	STATE, ZIP CODE	12/	1172024
	HEIGHTS ASSISTED L	_IVING	2065 CHU	B LAKE RO. O, NC 27573	AD		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L:		ENCIES DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	Continued From parevealed: -She did not rememduplicate entry for full she had been not the pharmacy to hashe could not remember the eMAR.  Telephone interview 12/17/24 at 2:53pm duplicate entry on the Director so one removed.  3. Review of Reside 05/17/24 revealed of mellitus, hypertensinal and Review of Reside orders dated 05/17/20 order for Novolog (allower blood sugar) times daily as follow 300 - 9 units; 301 to units; greater than a Review of Resident medication adminis 10/10/24 to 10/31/2-There was an entry readings before meat 7:30am, 11:30am, 11:30	aber being notifiurosemide.  Itified, she woulve one of the elove the duplicar  It with the Admir revealed when he eMAR, the Nof the entries of the fast-acting insisting scale insisting sc	d have called ntries removed. te entry from histrator on there was a MA should notify could be highlighted from the first state of the first state	{D 367}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		HAL07301	0	B. WING		l l	R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIE	UEIQUEO AQQIQEED I	N/IN/O	2065 CHU	JB LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED I	LIVING	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE  MUST BE PRECEDE  SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 367}	Continued From padaily as follows: 20 9 units; 301 to 350 units; greater than 4 scheduled administ 11:30am, 4:30pm a -There was docume administered from 7:30am, 11:30am, 4 10/31/24 at 7:30am of the number of ur-There was no document administered on 10 and 7:30pm; the Markeyiew of Resident electronic medication (eMAR) revealed: -There was an entry readings before meat 7:30am, 11:30am, 11:30am, 11/21/24 at 4:30pm -There were except at 11:30am, 4:30pm and 11/20/24 at 7:37:30pm; and on 11/11:30am; the except facilityThere was an entry	1 to 250 - 6 units - 12 units; 351 to 401 call provider ration time of 7:3 nd 7:30pm. entation Novolog 10/10/24 to 10/30; there was no dits of Novolog aumentation Novolog 31/24 at 11:30ar AR was blank.  #6's November on administration of the check blood rals and at bedtirn, 4:30pm and 7:30pm and 7:30pm. dits of Novolog are and 3:30pm and 7:30pm. dits of November on administration blood substance of 11/17/24 at 7:30am, 11:30am, 4:30pm. documente on and 7:30pm; on and	with a 30am, SSI was 0/24 at 1/27 and on 1/28 occumentation 1/28 occumentation 1/28 occumentation 1/29 occumentation 1/29 occumentation 1/20 occum	{D 367}			
	daily as follows: 20° 9 units; 301 to 350 units; greater than a scheduled administ 11:30am, 4:30pm a -There was docume was administered 1 11/22/24 to 11/30/24	1 to 250 - 6 units - 12 units; 351 to 401 call provider ration time of 7:3 nd 7:30pm. entation Novolog 1/02/24 to 11/17	; 251 to 300 - 5 400 - 15 with a 30am, SSI insulin /24 and from				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER HEIGHTS ASSISTED I	IVING 2065 CH	DDRESS, CITY, ST UB LAKE ROA RO, NC 27573	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	and 7:30pm; on 11/and 4:30pm; on 11/11/21/24 at 4:30pm documentation of the administered.  -There were except at 7:30pm; on 11/18/7:30pm; on 11/19/2 11:30am, 4:30pm at 7:30am and 11:3 resident refused an Telephone interview facility's contracted 2:04pm revealed:  -The pharmacy did of SSI to be documThe facility used part and the facility staff a place to record the administered to the the pharmacy did of SSI to be docum.  -The pharmacy did of SSI to be documThe facility had the November eMAR; the date MAR screenThe facility had the November eMAR for documented.  Interview with a me 12/12/24 at 2:41pmShe documented to the resident was adsugar readings in a she left the noteborn of been able to locumented to lo	01/24 at 7:30am, 11:30am, 18/24 at 7:30am; and on and 7:30pm; there was no be number of units of Novologotions documented on 11/01/24/3/24 at 11:30am, 4:30pm, and 4 and 11/20/24 at 7:30am, nd 7:30pm; and on 11/21/24/0am; the exceptions were documented out of facility.  We with the Pharmacist from the pharmacy on 12/11/24 at not enter a place for the units ented onto the MAR. aper MARs in October 2024 could hand write on the MAR enumber of units resident. In the enter a place for the units ented onto the November ta would not transfer to the enter a place for the units ented onto the November ta would not transfer to the enter a place on the or the number of units to be dication aide (MA) on revealed:  The number of units of insuling liministered for elevated blood personal small notebook. The place on the look at the facility, but she had eate the notebook. The look are the blood sugar readings.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPL IDENTIFICATION N		` ′	E CONSTRUCTION		E SURVEY IPLETED
				7 20.2510.			R
		HAL073010		B. WING		12	17/2024
NAME OF	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	LIVING		JB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCE Y MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ige 253		{D 367}			
	the number of units	administered.					
	3:52pm revealed: -The number of unishould be documer paper MAR and the -There was room of 2024 paper MAR to units of insulin admiright it in on the from the MAS should here to docume insulin administered eMAR.	nted on the October November 2024 eight november 2024 eight november 2024 eight november the Diversität november 2024 eight no	a SSI order 2024 MAR. ctober aber of s could R. r there was units of 2024				
	the number of units administered based -She had not been document the number administeredShe could have act the MAs to docume insulin administered. Telephone interview 12/17/24 at 2:53pm -The number of units	ave documented the d with the SSI order 2024 paper MAR. we written it in on the the MAs were not do of insulin that was don SSI order. notified there was reported a place on the ent the number of und.  It with the Administrative of insulin administrative and insulin administrative or the MAI ave notified the Direct occument the number of under the number of under the main and the MAI ave notified the Direct with the number of under the number	e number er on the e front of ocumenting being to place to n eMAR for nits of attor on stered for a R/eMAR, ector there r of units				

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STATE FORM 6899 W91Y12 If continuation sheet 254 of 308

	of Fleatill Service IN	i Squiation	1		1	
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COIVIE	LETED
					F	۲
		HAL073010	B. WING			7/2024
NAME OF I	PROVIDER OR SUPPLIER	STDEET AF	INDESS CITY S	STATE, ZIP CODE		
NAIVIL OI I	-NOVIDEN ON SUFFEIEN					
MAPLE I	HEIGHTS ASSISTED I	IVING	JB LAKE RO			
			O, NC 27573			T.
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
{D 367}	Continued From pa	ige 25/	{D 367}			
(10 001)	•		(2 007)			
	could add a place to	o document on the				
	MAR/eMAR.					
	L D. J. L. CD. J.					
		ent #6's signed physician /24 revealed there was an				
	elevated blood pres	I tartrate 50mg (used to treat				
	elevated blood pres	saire) twice daily.				
	Review of Resident	#6's October 2024 MAR from				
	10/10/24 to 10/31/2					
		y for metoprolol tartrate 50mg				
		cheduled administration time of	•			
	9:00am and 9:00pn					
	-There was docume	entation metoprolol tartrate				
		rom 10/10/24 to 10/31/24 at				
	9:00am.					
		umentation metoprolol tartrate				
		rom 10/10/24 to 10/31/24 at				
	9:00pm; the MAR v	vas blank.				
	T-1					
	11:15am revealed:	v with a MA on 12/17/24 at				
	_	Resident #6's metoprolol each				
	night.	Resident #0 s metoproloi each				
		ment the administration of the				
	medication.	mont the dammer due of the				
		she forgot to sign the paper				
	MAR.	3 3 1 1				
	Interview with the D	Director on 12/16/24 at 5:03pm				
	revealed:					
	-The MAs should sign the MAR immediately after					
	administration of the medication.					
	-The MARs should be correct when the PCP					
		so the PCP would know how				
	to adjust medication	ns.				
	Tolonhone intension	wwith the Administrator on				
	12/17/24 at 2:53pm	v with the Administrator on				
		ocument administration of all				
	- i i ie ivias si iouiu u	ocument aunimistration of all				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					   F	{
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	IB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 255	{D 367}			
{D 367}	medicationsThey should verify administered had be c. Review of Reside orders dated 05/17, order for Advair 250 asthma and reduce inhale one puff twice administration timeThere was an entrinhale one puff twice administration timeThere was docume administered from 11/22/24 to 11/30/2 11/18/24 at 8:00 amThere were except 11/19/24 and 11/20 and 11/21/24 at 8:00 resident was out of -There was a second Diskus inhale one packed administered 11/01There was docume administered 11/01. 11/11/24, and 11/12	that all medications een signed off on the eMAR.  ent #6's signed physician /24 revealed there was an 0-50 Diskus (used to treat the number of flare-ups) e daily.  #6's November 2024 eMAR  y for Advair 250-50 Diskus e daily with a scheduled of 8:00am and 8:00pm. entation Advair was 11/01/24 to 11/17/24 and from 4 at 8:00am and 8:00pm; ; and 11/21/24 at 8:00pm. tions on 11/18/24 at 8:00pm; /24 at 8:00am and 8:00pm; 0am; the exception was the facility. nd entry for Advair 250-50 ouff twice daily with a tration time of 8:00am and	{D 367}			
	11/29/24 and 11/30 -There were except 11/10/24, 11/13/24, 11/22/24, and 11/28 11/04/24, from 11/0 11/14/24 to 11/17/2	·				

Division of Health Service Regulation

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	,
		HAL073010	B. WING			7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
{D 367}	physically unable to Telephone interview facility's contracted 2:04pm revealed: -The pharmacy did 250-50 Diskus was -The pharmacy couentries if they had but the Director did of the entriesThe pharmacy couentries if they had but the Director was given by the MAR for the same medic but the Director did of the entriesThe Director was given by the would sign boknow what else to contract the contract of the co	o take.  In with the Pharmacist from the pharmacy on 12/11/24 at  Inot receive a call that Advair on the eMAR twice.  Ind have removed one of the been notified.  In on 12/12/24 at 2:41pm  In rector when a medication was an esecond entry should have mented.  In on the exception physically redication was on the eMAR.  In or MA on 12/13/24 at 8:06am  In why there were two entries on the medication.  In on the Director of duplicate entries ation on the residents MAR, not know how to remove one going to notify the pharmacy to move one of the entries.  It entries because she did not do.  It to the third that Advair on the pharmacy to move one of the entries.  In the pharmacy to move one of the entries.	{D 367}			
	revealed:	Director on 12/16/24 at 5:03pm on the sering notified of the				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING 2065 CH	UB LAKE ROA	AD		
	TILIOTTIO AGGIGTED L	ROXBOR	RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 257	{D 367}			
	the pharmacy to ha	he Advair inhaler. tified, she would have called ve one of the entries removed ove the duplicate entry from				
	12/17/24 at 2:53pm duplicate entry on the	with the Administrator on revealed when there was a he eMAR, the MA should notify of the entries could be	/			
	4. Review of Resident #7's current FL-2 dated 07/27/24 revealed diagnoses included schizoaffective disorder, diabetes mellitus type 2, chronic pain, and migraines.					
	order dated 07/27/2	ent #7's signed physician's 24 revealed there was an ordel g (used to treat involuntary daily.	-			
	10/10/24 to 10/31/2 -There was an entry daily with a schedul 8:00am and 4:00pm -There was docume administer from 10/ -There was no documents.	tration record (MAR) from 4 revealed: y for clonazepam 1mg twice led administration time of				
	12/13/24 at 10:20ar -She gave Residen night and forgot to s -She always gave F	medication aide (MA) on m revealed: t #7 her clonazepam each sign the paper MAR. Resident #7 her clonazepam. she forgot to sign the paper				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATIO		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL07301	0	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPIF	HEIGHTS ASSISTED L	IVING		JB LAKE RO			
			ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	(X5) COMPLETE DATE	
{D 367}	Continued From page 258		{D 367}				
	MAR.						
	Interview with the Drevealed: -The MAs should si administration of the The MARs should primary care provide the PCP would known the PCP would know	gn the MAR imne medication. be correct so wher (PCP) review whow to adjust with the Administrevealed: becament administred all medications and that all medications are signed off or the there are signed there are the there are signed there are the the there are the the there are the the there are the there ar	nediately after nen the ed the MAR, medications. distrator on stration of all ons n the eMAR. whysician's e was an order				
	Review of Resident revealed: -There was an entry 10mg daily with a sof 8:00amThere was docume administered daily a 11/30/24There was a secon calcium 10mg daily administration time eMAR on 11/20/24There was docume administered daily a 11/30/24.	y for rosuvastatir cheduled admini entation rosuvas at 8:00am from 1 nd entry for rosuv with a schedule of 9:00am enter	n calcium stration time tatin was 11/01/24 to vastatin d ed on the				
	Review of Resident from 12/01/24 to 12						

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SI		` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BUILDING:		l ,	
		HAL0730	10	B. WING		l l	R 1 <b>7/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	LIVING		JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICI Y MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
{D 367}	Continued From particles of 8:00am.  -There was docume administered daily and 12/09/24.  -There was an except take.  -There was a second calcium 10mg daily administration time.  -There was docume administered daily and 12/10/24.  Telephone interview facility's contracted 2:04pm revealed:  -The pharmacy did rosuvastatin calcium twice.  -The pharmacy coulentries if they had be all the MAR twice.  -When a duplicate should be signed was administered and the paragraph of the particles and the paragraph of the paragr	y for rosuvastaticheduled admirentation rosuvastaticheduled admirentation rosuvastat 8:00am from eption documentation was physically with a schedule of 8:00am. entation rosuvastat 8:00am from which with the Pharmacy on 1 mot receive a came 10mg was on 10mg was on 10mg was on 12/12/24 at 10 irector when a medical order was on the when the medical order second entry	statin was 12/01/24 to ted on cally unable to uvastatin ed statin was 12/01/24 to macist from the 2/11/24 at all that the eMAR ed one of the 2:41pm medication was e eMAR, one tion was	{D 367}			
	an exception documentedShe would document the exception physically unable to take or medication was on the eMAR twice.  Interview with another MA on 12/13/24 at 8:06am revealed: -She did not know why there were two entries on						

Division of Health Service Regulation

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
			A. BOILDING.			R
		HAL073010	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING	JB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 367}	the MAR for the sar-She had notified the for the same medic but the Director did of the entries.  The Director was given in the process of they could respectively and the could not been second entry, so should not remend the pharmacy to hat she could not remend the pharmacy to hat she could not remend the ematter of the pharmacy to hat she could not remend the ematter of the pharmacy to hat she could not remend the ematter of the pharmacy to hat she could not remend the ematter of the pharmacy to hat she could not remend the pharmacy to hat she could not remend the pharmacy to hat she could not remend the Director so one removed.  5. Review of Resident dated 11/08/23 revended the pharmacy of Resident dated 09/04/24 revended the pharmacy of Resident dated 09/04/2	me medication. ne Director of duplicate entries eation for the residents MAR, not know how to remove one going to notify the pharmacy to move one of the entries. th entries because she did not do. told what to do with the ne signed it.  Director on 12/16/24 at 5:03pm neer being notified of the rosuvastatin. Diffied, she would have called eve one of the entries removed ove the duplicate entry from a revealed when there was a he eMAR, the MA should notify of the entries could be  ent #8's most recent FL-2 ealed diagnoses included lopathy, asthma, dementia,				

6899

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
MADIF	HEIGHTS ASSISTED L	1VING 2065 CH	IUB LAKE ROA	,D		
	TILIGITIO AGGIOTED I	ROXBO	RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 261	{D 367}			
	-There was an entrapply 4 grams to know scheduled application and 9:00pmThere was documed was applied from 10-There was no document of the second of the	y for diclofenac sodium 1% genees three times daily with a on time of 9:00am, 3:00pm, entation diclofenac sodium ge 0/10/24 to 10/30/24 at 9:00pm umentation diclofenac sodium in 10/10/24 to 10/30/24 at n; and on 10/31/24 at 9:00am, in; the MAR was blank.  If with the Pharmacist from the pharmacy on 12/11/24 at is not notified that diclofenac the MAR twice. In the MAR twice in the machine of the open notified.				
	on the MAR twiceWhen a duplicate of should be signed what an exception document of the would docume unable to take or metwice.  Interview with another revealed: -She did not know with the MAR for the same medicibut the Director did of the entries.	rector when a medication was order was on the MAR, one then the medication was ne second entry should have nented. The enterproperties on the MAR on 12/13/24 at 8:06am why there were two entries on				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER	IVING 2065	T ADDRESS, CITY, S CHUB LAKE ROA BORO, NC 27573	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	see if they could rer-She would sign booknow what else to co-She had not been second entry, so she linterview with the Direvealed: -She did not rememduplicate entry for co-If she had been not the pharmacy to hate ould not remember the MAROn the October 20 entry could be marked duplicate entry.  Telephone interview 12/17/24 at 2:53pm duplicate entry on the Director so one removed.  6. Review of Resident obstructive pulmona schizophrenia.  Review of Resident dated 03/18/24 revemelation 5mg (use bedtime.	move one of the entries. th entries because she did do. told what to do with the	om  d red. ac an aiffy	DEFICIENC		
	-There was an entry	y for melatonin 5mg at eduled administration time of	of			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATIO		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL07301	0	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER	IVING	2065 CHU	JB LAKE ROA			
			ROXBOR	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE  MUST BE PRECEDE  SC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	O 367} Continued From page 263		{D 367}				
	-There was docume administered at bed 12/09/24There was a second bedtime with a school 9:00pmThere was docume administered at bed 12/06/24 and on 12-There were except and 12/08/24; the equivalent to take and twice.  Telephone interview facility's contracted 2:04pm revealed: -The pharmacy did melatonin 5mg was -The pharmacy countries if they had be signed with the emal of the pharmacy countries if they had be signed with an exception docurtion on the emal of the pharmacy countries in they had be signed with an exception docurtion of the emal of the pharmacy countries in they had be signed with an exception docurtion of the emal of the signed with an exception docurtion of the emal of the signed with an exception docurtion of the emal of the signed with an exception docurtion of the emal of the signed with an exception docurtion of the emal of the signed with an exception docurtion of the emal of the signed with an exception docurtion of the emal of the emal of the signed with an exception docurtion of the emal of the emal of the signed with an exception docurtion of the emal o	entation melaton dime from 12/01 and entry for melateduled administration melaton attime from 12/01 and entation melaton attime from 12/01 and entation melaton attime from 12/01 and for exceptions were produced at a continuous and for the emove of the emotion and entry and for the medication and entry and for the medication and entry and for exceptions as edication was or the exceptions as edication was or the medication and entry and for exceptions as edication was or the exceptions as edication was or the medication.	atonin 5mg at ration time of sin 5mg was /24 to at on 12/07/24 physically on the MAR racist from the 2/11/24 at at at one of the A) on edication was should have as physically in the eMAR racist from the 2/11/24 at at one of the at one of th				

Division of Health Service Regulation

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			R <b>17/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE			
MAPLE I	HEIGHTS ASSISTED L	IVING	HUB LAKE ROA DRO, NC 27573				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
{D 367}	but the Director did of the entries.  -The Director was good see if they could rereshe would sign book know what else to consider the second entry, so should be second entry, so should be second entry, so should not remember a duplicate entry for reference of the pharmacy to hat she could not remember the eMAR.  Telephone interview 12/17/24 at 2:53pm duplicate entry on the Director so one removed.	not know how to remove on going to notify the pharmacy move one of the entries. th entries because she did not do. told what to do with the ne signed it.  Director on 12/16/24 at 5:03pt aber being notified of the melatonin. Stiffied, she would have called the one of the entries remove ove the duplicate entry from a revealed when there was a the eMAR, the MA should not of the entries could be	ot ot				
	Review of Resident dated 10/29/24 reve HCL (used to treat i	eripheral artery disease.  #2's signed physician's orde ealed an order for Tramadol moderate to severe pain) olet every 12 hours as neede					
	medication adminis -There was a hand	: #2's October 2024 paper tration record (MAR) reveale written entry for Tramadol Ho olet every 12 hours as neede	CL				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 265 of 308

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010		B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING		JB LAKE RO			
				O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN ' MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 265		{D 367}			
	-There was no docu 100mg was adminis 10/29/24-10/31/24.		adol HCL				
	Review of Resident electronic MAR (eM-There was an entry take one tablet ever table to make the count sheets (CSCS-The CSCS was for 100mg with a disperation of the count was signed 10/31/24.  There was docume tramadol was signed 11/08/24, 11/10/24, 11/17/24, and 11/18.  Tramadol was documes and the count HCL 100mg were recommended to the count of the count with the count of the count with the count of the count with the count of the count of the count with the count of the count o	AR) revealed: y for Tramadol HC ry 12 hours as ne umentation Trama stered from 11/01 #2's controlled si S) revealed: 20 tablets of Tra nsed date of 10/2 entation Resident ed out on 10/30/2 entation Resident ed out on 11/01/2 11/11/24, 11/14/2 1/24. umented as signed t was 9 tablets of emaining. ident #2's medica t 11:55am reveale CL 100mg disper to tablets remaining dication aide (MA revealed: ations were admir tered Resident #2 cumented on the	CL 100mg eded. adol HCL //24-11/30/24. ubstance madol HCL //29/24. #2's 4 and #2's 4, 11/07/24, 4, 11/15/ 24, ed out 11 Tramadol utions on ed a punch used on ng. ) on nistered, she				
	Interview with anoth	ner MA on 12/16/2	24 at				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				F	₹
	HAL073010	B. WING		1	7/2024
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE HEIGHTS ASSISTED L	IVING	JB LAKE RO O, NC 27573			
PREFIX (EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
eMAR when controll administeredShe knew she docu-She probably "just it MAR or eMAR.  Interview with the Direvealed: -Staff were to docum controlled medication the eMARWhen the PRNs wee eMAR, the MA had it was being administed. The MA would then later the effectivened. She was concerned documented on the beadministered too.  Interview with the Act 5:49pm revealed: -Medications that we documented on the The MA should also of the medication or Controlled medication or Controlled medication or Review of Resided dated 11/06/23 revediabetes mellitus typ.  Review of Resident 11/06/23 revealed: -There was an order	to document on the MAR or led medication was umented on the CSCS. forgot" to document on the irector on 12/16/24 at 3:11pm ment the administration of ons on the CSCS as well as ere document why the PRN ered. In have to document one hour so of the medication. If the PRN was not MAR, the medication could a close together. It was administrator on 12/16/24 at the ere administered should be eMAR. In document the effectiveness	{D 367}			

MALO73010   B. WIND	AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	COMPLETED		
MAPLE HEIGHTS ASSISTED LIVING  MAPLE MAPLE AND ASSISTED LIVING  MAPLE MA			HAL073010	B. WING			
(X4)   D   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION (REGULATORY OR LES IDENTIFYING INFORMATION)   PRETIX TAG   PROVIDER'S PLAN OF CORRECTION (REGULATORY OR LES IDENTIFYING INFORMATION)   PRETIX TAG   PROVIDER'S PLAN OF CORRECTION (REGULATORY OR LES IDENTIFYING INFORMATION)   PRETIX TAG   PROVIDER'S PLAN OF CORRECTION (REGULATORY OR LES IDENTIFYING INFORMATION)   PRETIX TAG   PROVIDER'S PLAN OF CORRECTION (REGULATORY OR LES IDENTIFYING INFORMATION)   PRETIX TAG   PROVIDER'S PLAN OF CORRECTION (ROSS-REFERENCE)   PROVIDER'S PLAN OF CORRECTION (ROSS-REFERENCE)   PRETIX PROVIDER'S PROVIDER CORRECTION (ROSS-REFERENCE)   PRETIX PROVIDER'S PROVIDER'S PROVIDER'S PROVIDER CORRECTION (ROSS-REFERENCE)   PRETIX PROVIDER'S PROVIDER'	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
(D 367)  Continued From page 267  -The order was fast-acting aspart insulin (FIAsp) (used to treat diabetes) 100 units/fml before meals and at bedtime per SSI; 150-200 =20 units, 201-250-92 units, 251-300-92 units, 261-300-92 units, 361-400-30 units, 401-450-33 units.  Review of Resident #3's MAR for October 2024 revealed: -There was an entry for SSI based on FSBS results scheduled at 7:30am, 11:30am, 4:30am and 8:00pmThe entry was documented as completed four times daily but there were no amounts of insulin administered documented per the SSI order.  Interview with Resident #3 on 12/11/24 at 11:45am revealed: -He had his "finger stuck all day long to check his sugar"; the MAS checked his sugar with meals and at bedtimeThey used to forget to check him, but they did it all the time nowSometimes he got a shot after the MA "stuck" his finger.  Interview with a medication aide (MA) on 12/13/24 at 9:25am revealed: -There was nowhere to document the amount of insulin she would administer per his SSI on the MARResident #3's insulin injections per his SSI were not documented on the MAR in October 2024 because there was nowhere to document themShe would write the amount of insulin injected on a piece of paper and place it in a book; the next day the paper was goneShe told the Director in October 2024 there was nowhere to document the was nowhere to mean and the paper was gone.	MAPLE I	HEIGHTS ASSISTED L	IVING	_			
-The order was fast-acting aspart insulin (FIAsp) (used to treat diabetes) 100 units/fml before meals and at bedtime per SSI; 150-200 –20 units, 201-250=22 units, 251-300=24 units, 301-350=27 units, 351-400=30 units, 401-450=33 units.  Review of Resident #3's MAR for October 2024 revealed:  -There was an entry for SSI based on FSBS results scheduled at 7:30am, 11:30am, 4:30am and 8:00pm.  -The entry was documented as completed four times daily but there were no amounts of insulin administered documented per the SSI order.  Interview with Resident #3 on 12/11/24 at 11:45am revealed:  -He had his "finger stuck all day long to check his sugar"; the MAs checked his sugar with meals and at bedtime.  -They used to forget to check him, but they did it all the time now.  -Sometimes he got a shot after the MA "stuck" his finger.  Interview with a medication aide (MA) on 12/13/24 at 9:25am revealed:  -There was nowhere to document the amount of insulin she would administer per his SSI on the MAR.  -Resident #3's insulin injections per his SSI were not documented on the MAR in October 2024 because there was nowhere to document them.  -She would write the amount of insulin injected on a piece of paper and place it in a book; the next day the paper was gone.  -She told the Director in October 2024 there was nowhere to document the SSI dose.	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
	{D 367}	-The order was fast (used to treat diabe meals and at bedtir 201-250=22 units, 2 units, 351-400=30 to Review of Resident revealed: -There was an entry results scheduled a and 8:00pmThe entry was doctimes daily but there administered docur Interview with Resid 11:45am revealed: -He had his "finger sugar"; the MAs chand at bedtimeThey used to forge all the time nowSometimes he got finger.  Interview with a me 12/13/24 at 9:25am -There was nowher insulin she would at MARResident #3's insulated in the paper was each would write the piece of paper and day the paper was each to docume to docum	t-acting aspart insulin (FIAsp) tes) 100 units/1ml before me per SSI; 150-200 =20 units, 251-300=24 units, 301-350=27 units, 401-450=33 units.  *#3's MAR for October 2024  y for SSI based on FSBS to 7:30am, 11:30am, 4:30am  umented as completed four ewere no amounts of insulin mented per the SSI order.  dent #3 on 12/11/24 at  stuck all day long to check his ecked his sugar with meals et to check him, but they did it a shot after the MA "stuck" his  dication aide (MA) on revealed: e to document the amount of dminister per his SSI on the  lin injections per his SSI were the MAR in October 2024 nowhere to document them. e amount of insulin injected on d place it in a book; the next gone.  or in October 2024 there was ent the SSI dose.	{D 367}			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING			R 1 <b>7/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	UB LAKE RO RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
{D 367}	Continued From pa	ge 268	{D 367}			
	revealed: -The MAs were sup amount of insulin as based on the SSI of SNE was sure the SNE ordered because RESBS before admirigust did not docume she told the MAs to administered on the proof they were conshe did not know ware amounts of insulin a she had not review she thought the MA supposed to be doing amounts of insuling and the supposed to be doing amounts of insuling and the MA supposed to be doing amounts of insuling and the supposed to be doing amounts of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed to be doing amount of insuling and the supposed	o write the amount of insulin be back of the MAR to show inplete. Why the MAs did document the administered. Wed the October 2024 MARs; as were doing what they were				
	12/17/24 at 2:53pm -The number of unit SSI should be docu -The MAs could do	ts of insulin administered for a imented on the MAR. cument on the front or the IAR and could have the				
D 378	10A NCAC 13F .10 (b) All prescription medications stored requiring refrigerations stored locked security exceptions.	006 (b) Medication Storage 06 Medication Storage and non-prescription by the facility, including those on, shall be maintained under ept when under the direct of staff in charge of tration.	D 378			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		<b>I</b>	R <b>17/2024</b>	
	PROVIDER OR SUPPLIER	IVING 2065	ET ADDRESS, CITY, S	AD			
		ROX	BORO, NC 27573	3			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 378	Continued From pa	ge 269	D 378				
	reviews, the facility left on top of a med not under the direct medication aide.	et as evidenced by: ons, interviews, and recordialed to ensure medication ication cart were locked were locked were physical supervision of a	ns				
	The findings are:						
	Review of the facility's medication administration policy dated 06/2023 revealed the facility staff should not leave medications unattended.						
	8:12am and 8:17an -The MA positioned room door of a resident of the MA prepared of popping them from cupThe MA placed the medication cart afterance of the MA left the medication cartThe MA left the medication cartThe resident was into the medication cartThe resident was into the medication cartThe MA realized the medicationsThe MA realized the medication were on when she returned;	cations on 12/10/24 between revealed: I the medication cart at the dent. I pills for administration by a bubble pack into a souffer preparing the medication edication cart and entered administer the medication. Its remained on top of the medication that the medication cart and entered administer the medication. Its remained on top of the model; the MA turned her that, assisted the resident to	the back of a				
	revealed:	AA on 12/10/24 at 1:14pm	on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	,
		HAL073010	B. WING		1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE H	HEIGHTS ASSISTED I	IVING	B LAKE RO. D, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
	-She should have p locked medication of residents room. -She made a mistal locked the medication. Interview with the D	on cart when she walked away. claced the medications in the cart before walking in the ke; she thought she had cons in the medication cart. director on 12/16/24 at 5:03pm				
	revealed: -All medications should be locked in the medication cart when the MA was not at the medication cartA resident could walk by the medication cart and pick up the medications lying on top of the medication cart; the resident could take the medication and become sickShe expected the MAs to keep all medications secure by locking them in the medication cart.					
	10:33am revealed: -Medication should cart after the medicadministeredAnyone of the resident picked up the resident remains the medical consume the medical respected the Medical revealed.	I that another resident could cations.  IA to keep all medications cart when the MA was				
D 419	10A NCAC 13F .110 Resident's Persona	04 (a) Accounting For Il Funds	D 419			
	Personal Funds (a) To document a	04 Accounting For Resident's resident's receipt of the all Assistance personal needs				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			R	
		HAL073010	B. WING			17/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE			
MAPLE	MAPLE HEIGHTS ASSISTED LIVING 2065 CH ROXBOR						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 419	allowance after pay statement shall be marked by the residual marked by the residual marked by the residual marked incompresident's authorized required. Witnesse handling the resident's	yment of the cost of care, a signed by the resident or ident. If the statement is ident, there shall be one For residents who have been petent, the signature of the ed representative shall be es cannot include the staff ents' personal funds statement shall be maintained					
	Based on interview facility failed to doc the personal needs the cost of care wit the resident or mar witness's signature (#3, #6, #9, #14).  The findings are:  1. Review of Residual 11/06/23 revealed of schizophrenia, milestype 2, and hyperters.	net as evidenced by: ys and record reviews, the cument a resident's receipt of s allowance after payment of th a statement being signed be rked by the resident with a e for 4 of 4 sampled residents  lent #3's current FL-2 dated diagnoses included d retardation, diabetes mellitue ension.  nt #3's Account Ledger Sheet	y s				
	dated October 2024 revealed: -There was an entr	ry on 10/01/24, Resident #3's					

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A. BUILDING:	D
R HAI 073010 B. WING 12/17/20	20.4
HAL073010 B. WING 12/17/20	24
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
MAPLE HEIGHTS ASSISTED LIVING  2065 CHUB LAKE ROAD  ROXBORO, NC 27573	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COI	(X5) MPLETE DATE
D 419  Continued From page 272  leaving a balance of \$603.39.  -There was a second entry on 10/01/24, Resident #3 had a total of \$1417.00 deposited leaving a balance of \$2020.39.  -On 10/27/24, Resident #4's September 2024 pharmacy bill for \$129.00 was paid, leaving a balance of \$1891.39.  -There was no documentation that Resident #3's received any monies in October 2024.  -There was an entry on 11/01/24, Resident #3's room and board of \$1326.00 were deducted leaving a balance of \$565.39.  -There was a second entry on 11/01/24, Resident #3's had a credit of \$1371.00.  -There was an entry on 11/03/24, Resident #3's had a credit of \$46.00.  -On 11/20/24, Resident #4's October 2024 pharmacy bill for \$62.17 was paid, leaving a balance of \$1920.22  -There was an entry on 11/21/24, Resident #3 received \$27.83 leaving a balance of \$1920.22  -There was an entry on monies deducted was the Director's signature.  -The only signatures for any monies deducted was the Director's signature.  Review of a copy of Resident #3's referenced check numbers revealed:  -Check #5750 was dated 10/17/24 for \$129.00 paid to the pharmacy for Resident #3's spharmacy bill.  -Check #5754 was dated 11/13/24 for \$62.17 paid to the pharmacy for Resident #3's pharmacy bill.  -Check #5754 was dated 11/12/124 for \$27.83 paid to cash for Resident #3.  Interview with Resident #3 on 12/12/24 at 9:00am revealed:	

Division of Health Service Regulation

money from his resident account.

DIVISION	of Health Service Re	egulation	_			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		HAL073010	B. WING		12/1	₹ 7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS CITY S	STATE, ZIP CODE	-	
		2065 CH	UB LAKE RO			
MAPLE I	HEIGHTS ASSISTED I	IVING	RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 419	Continued From pa	ge 273	D 419			
	-He needed money.					
	revealed: -She gave Residen -She did not have a was given \$27.83She did not get Re \$27.83She did not know s Refer to the intervie 12/16/24 at 3:11pm Refer to the intervie 12/16/24 at 5:49pm	ew with the Administrator on				

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Division of Health Service Regulation STATE FORM

\$1972.18.

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
	<del></del>		A. BUILDING:			
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 419	Continued From page 274		D 419			
	-On 11/20/24, Resident #6 was paid \$90.00, leaving a balance of \$1882.18The only signatures for any monies deducted was the Director's signature.					
	check numbers rev -Check #5721, was 10/22/24, and was -Check #5722, was 10/22/24, and was	for \$90.00 cash, dated for Resident #6. for \$90.00 cash, dated for Resident #6. for \$90.00 cash, dated				
	revealed: -He was given a che he did not know how -The staff member the checkHe was given \$60He gave his money things he needed, a back with a receipt; receiptHe used to sign a s given his money, bu money "in a while." -Sometimes he was \$60.00 and he did r	dent #6 on 12/13/24 at 8:37am eck every month to sign but w much the check was for. did not show him the front of 00 last month. y to a staff member to buy him and she brought his change he did not have a copy of the sheet of paper when he was ut he had not signed for the significant get any more than that and yent to the facility for food or				
	12/16/24 at 3:11pm	w with the Administrator on				
	·	ent #9's current FL-2 dated				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		HAL07301	0	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY S	STATE, ZIP CODE	,	
				JB LAKE RO			
MAPLE	HEIGHTS ASSISTED L	LIVING		O, NC 27573			
(X4) ID PREFIX TAG		TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 419				D 419			
	3/18/24 revealed disobstructive pulmona						
	Review of the Acco #9 dated October 2 revealed: -Resident #9 had a on 10/01/24There was an entry had a debit of \$132 leaving a negative to -There was a secon Resident #9 was crossecurity leaving a neThere was an entry had a debit of \$7.07 pharmacy bill leavin \$3343.82There was an entry had a debit of \$132 and board leaving a \$4669.82 -On 11/01/24, Resid \$1224.00, leaving a \$3445.82On 11/03/24, Resid	negative balance of \$4660 and entry on 10/25/24, Regative balance of \$4660 and entry on 10/0 egative balance of a negative balance of \$1/24, Regative balance of a negative balance of a negative balance of the first september of t	te of \$3343.82 Resident #9 nd board 9.82. 1/24 that of from social of \$3253.82. Resident #9 ber 2024 lance of resident #9 ber 2024 room ce of redit of ce of				
	\$192.00, leaving a recommendation of the order of the contract	negative balanc dent #9 had a de rmacy bill leavir 3.	e of #3253.82. ebit of \$18.31 ng a negative				
	-On 11/21/24, Residuhere was no other -There were no other -The only signature was the Director's s	information doc er entries. s for any monie:	umented.				
	Review of Resident -Resident #9's Octo \$7.07. -Resident #9's Nove	ber 2024 pharm	nacy bill was				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATION		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL07301	10	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER	_IVING	2065 CHU	DRESS, CITY, S IB LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ENCIES ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 419	Continued From parts 18.31.  Review of a copy of check numbers reveleck #5716 was to the pharmacy for No other checks where for Resident #9.  Interview with Resident #9.  Interview with Resident He was given moneus. He did not know he He did not sign any him the money.  Refer to the interview 12/16/24 at 3:11pm.  Refer to the interview 12/16/24 at 5:49pm.  4. Review of Reside 07/19/24 revealed of hypertension, cereby Review of the Account #14 dated October revealed:  There was an entry had a negative balance of There was an entry \$20.97 for the Septileaving a negative balance of There was a second he in \$69.03, lear	f Resident #9's realed: dated 10/17/24 Resident #9. rere available to dent #9 on 12/13 ey to spend every whing; the Direct ew with the Direct ew with the Adm dent #14's current diagnoses included and infarction, and unt Ledger Shere 2024 through N y on 10/01/24, For and entry on 10/0 credited \$1225.0 f \$446.41. y on 10/25/24 for and entry on 10/2 f \$446.7 denter 2024 phase and entry on 10/2 f \$446.7 denter 2024 phase and entry on 10/2 f \$446.7	for \$7.07, paid be reviewed  3/24 at 9:43am ery month. The was given. Stor just gave  ctor on  inistrator on  t FL-2 dated ded and gout. et for Resident ovember 2024 Resident #14 1. 1/24 that 100 leaving a or a debit of armacy bill 1.38. 5/24 for a	D 419			

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DIVISION	Division of Health Service Regulation						
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		HAL073010	B. WING		F 12/1	R <b>7/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MAPLE	HEIGHTS ASSISTED I	IVING 2065 CHU	IB LAKE RO. O, NC 27573	AD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
D 419	Continued From page 277		D 419				
	\$1326.00 for Nover a negative balance -There was a second credit of \$963.00 le \$899.41.  -There was an entre \$454.00 leaving a resident #14's Octon egative balance of -On 11/21/24, there Resident #14 leaving \$536.41.  -The only signature was the Director's second reck mumbers reversed the pharmacy for Resident #14.  Review of a copy of check mumbers reversed the cash for Resident #14.  Interview with Resident #14.	and entry on 11/01/24 for a aving a negative balance of y on 11/03/24 for a credit of negative balance of \$445.41. The was a debit of \$39.24 for ober pharmacy bill leaving a f \$484.65. The was a debit of \$51.76 for any an engative balance of the signature.  If Resident #14's referenced ealed: The second of the signature.  If Resident #14's referenced ealed: The second of the signature of the signature of the signature.  If Resident #14's referenced ealed: The second of the signature of the signature of the signature.  If Resident #14's referenced ealed: The second of the signature of the signature of the signature of the second of the signature of the second of the signature of					

Division of Health Service Regulation STATE FORM

Refer to the interview with the Administrator on

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
					F	
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	B LAKE RO. D, NC 27573			
(V4) ID	SI IMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
D 419	Continued From pa	ge 278	D 419			
	12/16/24 at 5:49pm					
	revealed: -The residents' dire different times, som third of the month, a and end of the monthThe pharmacy usu sixth of the monthShe waited until all and pharmacy bills the residents their residents their residents their residents sign for the checks because the checks out to case the checks out to case and the Admir who handled reside the checks out to case and the Admir who handled reside the checks was the checks out to case and the Admir who handled reside the checks out to case and the Admir who handled reside the checks was the check was the check was the residentThe packet was the residentThe resident did not of money in the packet was the residentThe resident did not of money in the packet was the residentThe resident did not of money in the packet was the residentThe resident did not of money in the packet was the residentThe resident did not of money in the packet was the residentThe resident did not of money in the packet was the resident what their and sign for any money.	the direct deposits were in were deducted before giving nonthly funds.  If the residents' monthly funds is sure she did not miss is supposed to have the heir monthly funds.  If the bank told her to make ash. Inistrator were the only staff ints' funds. If the cashed checks directly acket with the resident's name, are given directly to the ot open and verify the amount exet. If the didner to make ash. In the cashed checks directly acket with the resident's name, are given directly to the ot open and verify the amount exet. If the didner to make amount exet. If the didner to her and the pharmacy bill.  If the director to explain to each copay was at the pharmacy				

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	IT OF DEFICIENCIES OF CORRECTION		ER/SUPPLIER/CLIA ICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
				A. BOILDING.			R	
		HAL	73010	B. WING			17/2024	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MAPLE I	HEIGHTS ASSISTED I	LIVING		IB LAKE RO O, NC 27573				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	MUST BE PR	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
D 419	Continued From particles have a staff member amount that was gire. He knew monies of hours of the resider but the facility did not a timely manner. If one resident recommendation another resident did with the residents at the	er's signatu ven to the r istributed s nt's money ot receive t eived their r d not it wou so it would	esident. hould be within 24 being deposited, he pharmacy bill in monthly money and ld cause a problem be better to pay all	D 419				
D 438	10A NCAC 13F .12 Registry  10A NCAC 13F .12 Registry The facility shall co supporting Rules 10 .0102.	05 Health (	Care Personnel	D 438				
	This Rule is not me TYPE B VIOLATION Based on record re facility failed to come Registry (HCPR) rephysical abuse by Stoward multiple resident sand sprayed with when the findings are:  Review of the facility Resident Care under All residents and vicindness, friendline	views and in plete Health ports for all Staff B, Staff dents who ater.  by's Abuse, ated policy isitors should be seen at the control of the	nterviews, the h Care Personnel leged verbal and f C, and Staff D were hit, cursed at,  Neglect, and revealed: lld be treated with e, and respect.					
	-Employees should talking unnecessary	refrain fror	n gossip, loud					

MAPLE HEIGHTS ASSISTED LIVING  MAPLE HEIGHTS ASSISTED LIVING  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  D 438  Continued From page 280  misconduct that could disturb residents and distract from the professionalism of the facility and its staff.  -The facility maintained a zero-tolerance policy for any type of abuse or neglect of any resident.  -If accusations occurred, they would be reported to the HCPR registry within 24 hours.  Confidential interview with a resident revealed: -The resident dobserved another resident being hit on "all the timeThe resident dob observed staff hit the resident in the face and "anywhere they could."  -Sometimes the staff was good and sometimes the staff was badStaff were bad because they pulled on residents and would "snatch" residents by the armWhen the staff wanted the residentThe resident had water thrown in their face beforeThe resident had been "pushed out" of the dining roomThe staff cursed the residentsShe had heard the taff curse the residentsShe had heard the staff curse the residentsShe had heard the staff curse the residentShe had heard the staff curse the residentShe had heard the staff curse the residentShe had heard the staff tell a resident, 1 will whoop you [expletive]She had heard the staff tell a resident to get in there and sit your [expletive] downShe had heard the staff tell a resident to get in there and sit your [expletive] down.		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  MAPLE HEIGHTS ASSISTED LIVING  ROXBORO, NC. 27573  CAN ID  SUMMARY STATEMENT OF DESICIENCIES  (EACH DESICENCY WISTS TEE PRECEDED BY FULL  REGULATORY OR LISC IDENTIFYING INFORMATION)  D  ROXBORO, NC. 27573  D  PROVIDERS PLAN OF CORRECTION  REGULATORY OR LISC IDENTIFYING INFORMATION)  D  ROXBORO, NC. 27573  D  ROXBORO, NC				A. BOILDING.			,
NAPLE HEIGHTS ASSISTED LIVING   2065 CHUB LAKE ROAD ROXBORO, N. C. 27573			HAL073010	B. WING		I	
CALL	NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRÉFIX TAG  REGULATORY OR ISC IDENTIFYING INFORMATION)  D 438  Continued From page 280  misconduct that could disturb residents and distract from the professionalism of the facility and its staff.  -The facility maintained a zero-tolerance policy for any type of abuse or neglect of any resident.  -If accusations occurred, they would be reported to the HCPR registry within 24 hours.  Confidential interview with a resident revealed:  -The resident dobserved another resident being hit on "all the time."  -The resident ado observed staff hit the resident in the face and "anywhere they could."  -Sometimes the staff was good and sometimes the staff was be abused because they pulled on residents and would "snacht" residents by the arm.  -When the staff wanted the resident.  -The resident had water thrown in their face before.  -The resident had been "pushed out" of the dining room.  -The staff cursed the residents all the time.  Confidential telephone interview with a resident's family member revealed:  -She had heard "all of the staff" curse the residents.  -She had heard the staff tell a resident, "I will whoop you (expletive)!  -She had heard the staff tell a resident to get in there and sit your (expletive)!  -She had heard the staff tell a resident to get in there and sit your (expletive)!	MAPLE I	HEIGHTS ASSISTED I	IVING				
misconduct that could disturb residents and distract from the professionalism of the facility and its staff.  -The facility maintained a zero-tolerance policy for any type of abuse or neglect of any residentIf accusations occurred, they would be reported to the HCPR registry within 24 hours.  Confidential interview with a resident revealed: -The resident observed another resident being hit on "all the time."  -The resident did not recall the last time the staff hit the other resident, but it happened all the timeThe resident had observed staff hit the resident in the face and "anywhere they could." -Sometimes the staff was good and sometimes the staff was badStaff were bad because they pulled on residents and would "snatch" residents by the armWhen the staff wanted the resident "to come on" they would pull on the residentThe resident had water thrown in their face beforeThe resident had been "pushed out" of the dining roomThe staff cursed the residents all the time.  Confidential telephone interview with a resident's family member revealed: -She had heard staff curse the residentsShe had heard staff curse the resident, "I will whoop you [expletive]She had heard the staff tell a resident to get in there and sit your [expletive] down.	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
distract from the professionalism of the facility and its staff.  -The facility maintained a zero-tolerance policy for any type of abuse or neglect of any residentIf accusations occurred, they would be reported to the HCPR registry within 24 hours.  Confidential interview with a resident revealed: -The resident observed another resident being hit on "all the time." -The resident did not recall the last time the staff hit the other resident, but it happened all the timeThe resident had observed staff hit the resident in the face and "anywhere they could." -Sometimes the staff was good and sometimes the staff was pood and sometimes the staff was badStaff were bad because they pulled on residents and would "snatch" residents by the armWhen the staff wanted the resident "to come on" they would pull on the residentThe resident had water thrown in their face beforeThe resident had been "pushed out" of the dining roomThe staff cursed the residents all the time.  Confidential telephone interview with a resident's family member revealed: -She had heard staff curse the residentsShe had heard "all of the staff" curse the residentsShe had heard the staff tell a resident, "I will whoop you [expletive]She had heard the staff tell a resident to get in there and sit your [expletive] down.	D 438	Continued From pa	ge 280	D 438			
not getting [expletive].	D 436	misconduct that coddistract from the property and its staff.  -The facility maintain any type of abuse of accusations occuto the HCPR registromatic confidential intervietable. The resident observation of all the time."  -The resident did not hit the other resident had on the face and "any accusations the staff was bad.  -Staff were bad becaused would "snatch" and would pull on the staff was they would pull on the resident had work they would pull on the resident had before.  -The resident had before.  -The resident had before.  -The staff cursed the community member reversible had heard the whoop you [expletive she had heard the whoop you [expletive she had heard the there and sit your [expletive she had heard the there and sit your [expletive she had heard the she had he	uld disturb residents and ofessionalism of the facility ined a zero-tolerance policy for or neglect of any resident. The provident of the prov	D 436			

DIVISION	Of Fleatur Service IN	guiation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAIN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COIVIE	LETED
					F	₹
		HAL073010	B. WING		1	7/2024
		0.70.57.40		TATE TIP CORE		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	IVING	IB LAKE RO			
		ROXBOR	O, NC 27573	3		
(X4) ID	-	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	TREGOE TOTAL		IAG	DEFICIENCY)	10,112	
D 400	0 1 1 5	004	D 400			
D 438	Continued From pa	ge 281	D 438			
	revealed:					
	-He had seen multi	ple staff members punch a				
	[named] resident in	the face; he saw it last month.				
	-He had seen multi	ple staff members hit a second				
	[named] resident, m	nost recently last month.				
	-Staff members cur	sed "him out."				
	-Staff B and Staff D	cursed at the residents.				
	-The staff members	would tell the residents every				
	day to "shut the [ex	pletive] up."				
		cond resident on 12/10/24 at				
	9:10am revealed:					
		members hit a [named]				
	resident.					
		hit a second [named] resident.				
	water.	quirted the residents with				
		as used to make "us not say				
	bad things."	as used to make us not say				
		as a medication aide (MA) and				
	the other was a coo					
		s would say they are going to				
	knock the [expletive	, , , ,				
		had told him they were going				
		and they were going to knock				
	him into next week.					
		d resident on 12/10/24 at				
	11:37am revealed:					
		grab a [named] resident and				
	drag the resident a					
		he living room about 3-4				
	weeks ago.	hit a accord [name ad] maside 4				
	-He nad seen staπ with a stick and a ru	hit a second [named] resident				
	-Staff cursed the re					
		nedication aides (MA) and the				
	cook curse the resi					
		lents with water if the resident				
		ne staff had told the resident to				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 282 of 308

STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HAL073010	B. WING		F 12/1	₹ 7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE H	HEIGHTS ASSISTED L	IVING	B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 438	Continued From page 282		D 438			
	be quiet.					
	11:45am revealed: -He had seen staff seesidentHe saw staff hit as syesterday, 12/09/24 -Staff cursed at the Two days ago, he seesident with a ruler memberStaff members were yesterdayWhen asked which the had seen staff seesidentHe had seen staff residentHe had not seen the did not know why the					
		h resident on 12//10/24 at had seen staff members hit a sident.				
	revealed: -She had not heard hit a resident, or squ	B on 12/12/24 at 4:24pm any staff curse the residents, uirt water on a resident. d a resident, hit a resident, or resident.				

Division of Health Service Regulation STATE FORM

Interview with the Staff C on 12/10/24 at 4:34pm

	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
				A. BOILDING.			R
		HAL07	3010	B. WING		<b>I</b>	17/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING		B LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 438	Continued From parevealed: -She had not seen aresidents, hit reside water on residentsShe had not heard they had been curse or sprayed water or Interview with Staff revealed: -She had never see residents, curse residents, cu	any staff cursents with a rule any residented, hit, or special any residentented and resident.  Don 12/13/2 en staff raise sidents, or hit any residentes things. Firector on 12 letted a HCPI given to her, she needed tort.	ler/stick, or spray ts complain that rayed with water. hts, hit a resident 24 at 9:04am their voices at t residents. t complain that 2/13/24 at 2:17pm R 24-hour report (Staff B, Staff C, o complete a	D 438			
	if an injury was visible. Telephone interview 12/13/24 at 2:31pm - The Director was r 24-hour reportA 24-hour report wwas reason to belie or abusedHe had not heard of Director told himIf there was anything residents would tell -It would be unacceptive.	with the Adrevealed: esponsible for ould be coming the allegation of the allegation of the Direction of the Education of the	pleted if there t was mistreated ions until the oing on, the birector.				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
			B. WING			R
		HAL073010	B. WING		12/	17/2024
NAME OF	PROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	CHUB LAKE RO			
			BORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE
D 438	Continued From pa	ge 284	D 438			
	The facility's failed to physical and verbal hours of the notificate Director on 12/10/20 cursing, hitting, and involving Staff B, Stresulted in putting the and physical harm whealth, safety, and constitutes a Type ETHE facility provided accordance with G.  THE CORRECTION VIOLATION SHALL	to report allegations of abuse to the HCPR within ation of the allegations to the 4 regarding allegations of a spraying water at resident aff C, and Staff D. This fathe residents at risk of verbothich was detrimental to the welfare of the residents and	s silure al ne d			
D 454	2025.		. D. 454			
D 451	and Incidents	12(a) Reporting of Acciden	ts D 451			
	Incidents (a) An adult care hedepartment of social incident resulting in accident or incident resident requiring resident.	12 Reporting of Accidents of the county of services of any accident resident death or any resulting in injury to a referral for emergency medication, or medical treatme	or			
	facility failed to notif Social Services (DS	et as evidenced by: view and interviews, the fy the County Department o SS) of an incident/accident y medical evaluation for 2 o	that			

DIVISION	of Fleatill Service IN	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAIN	OF CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:	<del></del>	COMP	LLILD
			D WING		F	
		HAL073010	B. WING		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MADIEI	HEIGHTS ASSISTED I	1VING 2065 CHU	IB LAKE RO	AD		
WAFEL	ILIGITIO AGGIGILD I	ROXBOR	O, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
D 451	1 Continued From page 285		D 451			
		7) who had multiple falls with ceration caused by a fall (#7).				
	The findings are:					
	11/05/24 revealed: -Diagnoses include diabetes mellitus ty hypertension, and help the was semi-ambiguitation.					
	dated 11/24/24 reverse -The time of the incomp:45amResident #1 stood what seemed to be hit his head on the -Emergency Medicanotified, and Reside hospitalThere was no door	ealed: ident/accident was around up from eating breakfast, had a seizure, fell backwards and floor al Services (EMS) were ent #1 was transported to the				
	dated 12/07/24 reverse -The time of the inco-Attempted to assist he was very weak a -Resident was unable was lowered to table.	ident/accident was at 7:15pm. t Resident #1 to the shower; and had diarrhea. ble to stand to take a shower; he floor and EMS was called.				
	10/21/24 to 12/06/2	#1's EMS reports from 4 revealed: dent #1 was transported to the				

	or riealth Service IN					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			1		F	,
		HAL073010	B. WING			7/2024
		1145013010			14/1	112024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CHU	IB LAKE RO	AD		
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
	0					
(X4) ID	_	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
D 454	0 " 15	000	5 454			
D 451	Continued From pa	ge 286	D 451			
	emergency departn	nent (ED) for dizziness with a				
	fall.	Horit (EB) for dizzirioco with d				
		dent #1 was transported to the				
	ED for a seizure an					
		dent #1 was transported to the				
	ED for a fall with a l					
		dent #1 was transported to the				
	ED for a fall with a l					
		dent #1 was transported for				
		the ED for dizziness with a fall				
	causing a hemorrha					
		dent #1 was transported to the				
	ED for a fall with a l					
		dent #1 was transported to the				
	ED for a fall with a l					
		dent #1 was transported to the				
	ED for a fall with a I					
		dent #1 was transported to the				
	ED for a fall with a l					
		dent #1 was transported to the				
	ED for altered ment	tal status.				
		dication aide (MA) on				
	12/13/24 at 8:06am					
		ent to the hospital each time				
	he fell and hit his he	ead.				
	-Anyone could do a	n incident/accident report.				
	-She did not remem	nber completing an				
	incident/accident re	port for Resident #1.				
	-She would get bus	y and forget to complete an				
		port for Resident #1 each time				
	he fell.	•				
	Interview with the S	Supervisor on 12/12/24 at				
	3:52pm revealed:	•				
		alls Resident #1 had and was				
	sent to the ED.					
		ent reports were completed on				
	all the falls with inju					

6899

STATEMEN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		1141 070040	B. WING		R <b>12/17/2024</b>	
		HAL073010	ı		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	B LAKE RO O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
D 451	Continued From pa	ge 287	D 451			
	revealed: -Resident #1 did not report completed early to the EDThe MAs would for incident/accident re-Resident #1 had market was the responsincident/accident re-She did not rememincident/accident re-It was her responsincident/accident re-Refer to the telephore Specialist St. 12/16/24 at 8:42am	port. nultiple falls. ibility of the MA to initiate the port. nber sending any ports to DSS for Resident #1. ibility to send the completed ports to DSS. one interview with the Adult upervisor of the county DSS on . ew with the Director on				
	Refer to the intervie 12/17/24 at 10:33ar	ew with the Administrator on m.				
	07/07/24 revealed -Diagnoses include	ent #7's current FL-2 dated d schizoaffective disorder, pe 2, chronic pain and ry.				
	Services (EMS) rec -EMS was dispatch for a fall with injuryResident #7 was n her faceResident #7 was tr	#7's Emergency Medical Ford dated 11/10/24 revealed: ed to the facility on 11/10/24 oted to have a laceration on Fransferred to the local ment (ED) for treatment.				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL07301	0	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED L	_IVING		JB LAKE RO			
	T			O, NC 27573			
(X4) ID PREFIX TAG		TEMENT OF DEFICIE	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 451	Continued From pa	ge 288		D 451			
	Review of the facilit for November 2024 incident/accident re #7.	revealed there	were no				
	Interview with a me 12/13/24 at 8:08am -She did not work the -She returned to wo on her faceShe did not know it was completed for its second completed.	revealed: ne day Resident ork and saw she f an incident/acc	#7 fell. had sutures				
	Interview with the D revealed: -Resident #7 did no report completed w laceration to her he -It was the responsincident/accident re-She did not rememincident/accident re Services (DSS) for	ot have an incide hen she fell and ad. ibility of the MA port. nber sending an	ent/accident caused a to initiate the				
	Refer to the telephor DSS Adult Services 8:42am.						
	Refer to the intervie 12/16/24 at 5:03pm		ctor on				
	Refer to the intervie 12/17/24 at 10:33ar		inistrator on				
	Telephone interview Services Superviso revealed: -The DSS had not r reports from the fac	r on 12/16/24 at	8:42am ident/accident				

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMPI	
					F	
		HAL073010	B. WING		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	JB LAKE RO			
			O, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
D 451	Continued From pa	ige 289	D 451			
	-Any incident/accident reports including falls with injury should be sent to DSS within 72 hours.					
	revealed:	Director on 12/16/24 at 5:03pm				
		nt report should be completed dent/accident happened.				
	-Incident/accident r	eports should be completed				
	when a resident fel					
		eports, and once signed, she				
	filed them.	incident/essident reports to				
	-She did not fax the incident/accident reports to DSS if the resident fell.					
	-She had forgotten reports to DSS.	to fax the incident/accident				
	Interview with the A 10:33am revealed:	dministrator on 12/17/24 at				
	for all residents who	eports should be completed en there was a fall with injury				
		esponsible for sending the				
		eports to DSS within 24 hours				
		eports to DSS within 24 hours.				
{D 611}	10A NCAC 13F .18 Control Policies & F	01(b) Infection Prevention & Pro	{D 611}			
		01 INFECTION O CONTROL POLICIES AND				
	(b) The facility's int	fection and control policies and				
	(1) Standard	and transmission-based				
{D 611}	-She reviewed and incident/accident refiled themShe did not fax the DSS if the resident -She had forgotten reports to DSS.  Interview with the A 10:33am revealed: -Incident/accident refor all residents who and transported to -The Director was reincident/accident refor the incident/accident refor the incident/accident reformed to -The Director was reincident/accident reformed to -The Director was reincident reformed to -The Di	signed all the eports, and once signed, she e incident/accident reports to fell. to fax the incident/accident administrator on 12/17/24 at eports should be completed en there was a fall with injury the ED. responsible for sending the eports to DSS within 24 hours dent. Director to send the eports to DSS within 24 hours. O1(b) Infection Prevention & Pro  O1 INFECTION D CONTROL POLICIES AND fection and control policies and e implemented by the facility he following: and transmission-based				

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2065 CHUB LAKE ROAD ROXBORO, NC 27573  2065 CHUB LAKE ROAD ROXBORO, NC 27573  2065 CHUB LAKE ROAD ROXBORO, NC 27573  (A4) ID REGULATORY OR LSC IDENTIFYING INFORMATION)  (B) REGULATORY OR LSC IDENTIFYING INFORMATION)  (C) Regulatory hygiene and cough etiquette; (B) Resident medical equipment; (D) Rand hygiene; (E) Resculations and when each type is indicated, including contact precautions, and airborne precautions, and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section; (3) Measures for the facility to consider taking in the event of a communicable disease outbreak to prevent the spread of illness, such as isolating infected residents; limiting or stopping group activities and communal dining; limiting or stopping	STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE : COMPI	
MAPLE HEIGHTS ASSISTED LIVING  MAPLE HEIGHTS ASSISTED LIVING  (X4) ID  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS  (ROSS-REFERENCED TO THE APPROPRIATE DAYE  (B) environmental cleaning and disinfection;  (C) reprocessing and disinfection;  (E) accessibility and proper use of personal protective equipment (PPE); and  (F) types of transmission-based precautions, and airborne precautions, and airborne precautions;  (2) When and how to report to the local health department where is a suspected or confirmed reportable communicable disease outbreak in accordance with Rule . 1802 of this Section;  (3) Measures for the facility to consider taking in fected residents; limiting or stopping group activities and communal dining; limiting or stopping group activities and communal dining; limiting or stopping group activities and communal dining; limiting or stopping group activities and communicable disease case or communical must be supposed to the stopping group activities and communal dining; limiting or stopping group activities and communal dining; limiting or stopping group activities and communicable disease case or communications. Imiting or stopping group activities and communication and stopping group activities and communication and stopping group activities and communication.						1	
MAPLE HEIGHTS ASSISTED LIVING  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 611)  (D 611)  (D 611)  (D 611)  (D 611)  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease outbreak in accordance with Rule .1802 of this Section; (3) Measures for the facility to consider taking in the event of a communicable disease outbreak to prevent the spread of illness, such as isolating infected residents; limiting or stopping group activities and communical limiting or stopping group activities and co						12/1	7/2024
(A) ID PREFIX TAGS  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY)  REGULATORY OR LSC IDENTIFYING INFORMATION)  (A) respiratory hygiene and cough etiquette;  (B) environmental cleaning and disinfection of reusable resident medical equipment;  (D) hand hygiene;  (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions, and airborne precautions;  (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease outbreak in accordance with Rule. 1802 of this Section;  (3) Measures for the facility to consider taking in the event of a communicable disease outbreak to prevent the spread of illness, such as isolating infected residents; limiting or stopping group activities and communical lim	NAME OF	PROVIDER OR SUPPLIER		, ,	•		
PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION   PREFIX TAG   CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	MAPLE I	HEIGHTS ASSISTED I	I IVING				
(A) respiratory hygiene and cough etiquette; (B) environmental cleaning and disinfection; (C) reprocessing and disinfection of reusable resident medical equipment; (D) hand hygiene; (E) accessibility and proper use of personal protective equipment (PPE); and (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section; (3) Measures for the facility to consider taking in the event of a communicable disease outbreak to prevent the spread of illness, such as isolating infected residents; limiting or stopping group activities and communal dining; limiting or	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
restricting outside visitation to the facility; screening staff, residents, and visitors for signs of illness; and use of source control as tolerated by the residents; and (4) Strategies for addressing potential staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak.	{D 611}	(A) respire etiquette; (B) enviror disinfection; (C) reproductive reusable resident management (D) hand (E) access personal protective (F) types precautions and whincluding contact proprecautions, and (2) When and health department of confirmed reportable case or condition, coutbreak in accordance (3) Measures taking in the event outbreak to prevent isolating infected regroup activities and restricting outside was creening staff, resillness; and use of the residents; and (4) Strategies staffing issues and needs of the residents.	cratory hygiene and cough commental cleaning and cessing and disinfection of medical equipment; hygiene; ssibility and proper use of equipment (PPE); and of transmission-based men each type is indicated, recautions, droplet and airborne precautions; d how to report to the local when there is a suspected or ole communicable disease or communicable disease ance with Rule .1802 of this of for the facility to consider of a communicable disease the spread of illness, such as esidents; limiting or stopping discommunal dining; limiting or visitation to the facility; sidents, and visitors for signs of source control as tolerated by se for addressing potential ensuring staffing to meet the	{D 611}			

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Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
MAPIFI	HEIGHTS ASSISTED L	IVING	UB LAKE ROA	<del></del>		
	I	ROXBO	RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
{D 611}	Continued From pa	ge 291	{D 611}			
	This Rule is not me FOLLOW-UP TO T					
	Based on these find Violation was not al	dings, the previous Type B pated.				
	reviews, the facility Disease Control and to ensure proper inf the use of glucomediabetic residents (#	ons, interviews, and record failed to follow the Centers for d Prevention (CDC) guidelines fection control procedures for ters for 4 of 4 sampled #1, #3, #5 and #6) with orders nitoring resulting in the sharing ween residents.				
	The findings are:					
	revealed: -The CDC recommendevices (glucomete between residentsIf the glucometer wone resident, it shows per the manufacture.	guidelines for infection controllends blood glucose monitoringers) should not be shared was to be used for more than uld be cleaned and disinfected er's instructions.  In did not list disinfection cometer should not be shared				
	glucometers revealed -Indirect transmission Immunodeficiency (HBV), and Hepatitic delivery of healthcalincreasingly reported					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER	IVING 2065 CH	DDRESS, CITY, ST UB LAKE ROA RO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 611}	Public Health notifice finger-stick device of posed a risk for transpathogens.  -CDC Clinical Remidevice on more that transmitting blood-bloods of the cart on 12/10/24 at -There were four bloods of the medicand of the four black zippwith a resident's nate -Each black zipperelabeled with a residency of Reside 1. Review of Reside	cation revealed the use of a con more than one person insmitting blood-borne inder: Use of a finger-stick in one person posed a risk for corne pathogens.  facility's south-hall medication 11:30am revealed: ack zippered bags in the top cation cart. bered bags were not labeled	{D 611}			
	11/05/24 revealed: -Diagnosis included: -There was an ordetimes daily before in Observation of Reson 12/10/24 at 11:4 zippered bag with inglucometer with Reof the glucometer. Review of Resident history revealed the glucometer was 08/ Review of Resident electronic administr	I diabetes. er to check blood sugar three neals. ident #1's Brand A glucometer 5 revealed there was a black to name that contained a sident #1's name on the back				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
		HAL073010	B. WING		12/1	R <b>7/2024</b>
NAME OF PROVIDER OR SUPP	I IFR	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		2065 CHU	IB LAKE RO			
MAPLE HEIGHTS ASSIST	FED L	IVING	O, NC 27573			
PREFIX (EACH DEFIC	IENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 611} Continued Fro	n pag	je 293	{D 611}			
-There was an before meals a time of 7:30am -There was do sugar was che and bedtime fron 11/18/24, documentation that was not reglucometerOn 11/18/24, documentation that was not reglucometer -On 11/18/24, documentation that was not reglucometerOn 11/22/24, documentation that was not reglucometer; thon another reserved adocumentation that was not reglucometerOn 11/28/24 adocumentation that was not reglucometerOn 11/29/24 adocumentation that was not reglucometerOn 11/29/24 adocumentation that was not reglucometerThere were 8 Resident #1's 11/30/24 that was 11/30/24	entry and at a, 11:3 cume cked om 17 at 4:3 of a corde at 7:3 of a corde at 7:3 of a corde at 4:3 of a corde at 7:3 of a corde at 4:3 of a corde at 4:3 of a corde at 1:3 of a corde at 7:30 of a corde	for blood sugar checks bedtime with a scheduled 30am, 4:30pm, and 7:30pm. Intation Resident #3's blood and recorded before meals 1/18/24 to 11/30/24. Opm, there was blood sugar reading of 236 ad in Resident #1's  0am, there was blood sugar reading of 193 ad in Resident #1's  0am, there was blood sugar reading of 103 ad in Resident #1's  Opm, there was blood sugar reading of 194 ad in Resident #1's  opm, there was blood sugar reading of 194 ad in Resident #1's  od sugar reading of 194 ad sugar reading of 194 ad sugar reading of 194 ad sugar reading of 194 and sugar reading of 194 ad sugar reading of 194	{U 611}			

Division of Health Service Regulation

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					 	,
		HAL073010	B. WING		1	7/2024
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
MAPIFH	EIGHTS ASSISTED L	IVING 2065 CHU	B LAKE RO	AD		
	LIGITO AGGIOTED E	ROXBORG	D, NC 27573	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 611}	Continued From pag	ge 294	{D 611}			
	388 at 1:37pm and glucometerOn 08/04/24, there 376 at 7:30pm and glucometerOn 08/06/24, there 386 at 6:50pm and glucometerOn 08/07/24, there 425 at 1:37pm and glucometer. Review of Resident	was a blood sugar reading of 331 at 2:48pm Resident #1's  was a blood sugar reading of 385 at 7:32pm Resident #1's  was a blood sugar reading of 340 at 6:58pm Resident #1's  was a blood sugar reading of 409 at 1:38pm Resident #1's  t #1's December 2024 eMAR				
	compared to Reside from 12/02/24 to 12 -There was an entry before meals and at time of 7:30am, 11:3 -There was docume sugar was checked and bedtime from 1 -On 12/03/24, at 7:3 documentation of a that was not recorde glucometerOn 12/04/24, at 4:3 documentation of a that was not recorde glucometerOn 12/04/24, at 7:3 documentation of a that was not recorde glucometerOn 12/04/24, at 7:3 documentation of a that was not recorde glucometerOn 12/05/24, at 7:3	ent #1's glucometer history /06/24 revealed: / for blood sugar checks t bedtime with a scheduled 30am, 4:30pm, and 7:30pm. entation Resident #1's blood and recorded before meals 2/02/24 to 12/06/24. 30pm, there was blood sugar reading of 400 ed in Resident #1's 80pm, there was blood sugar reading of 399 ed in Resident #1's 80pm, there was blood sugar reading of 300 ed in Resident #1's 80pm, there was blood sugar reading of 300 ed in Resident #1's 80am, there was blood sugar reading of 210 ed in Resident #1's				

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Division	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		HAL073010	B. WING		12/1	₹ <b>7/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IIVING	HUB LAKE RO DRO, NC 2757			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
{D 611}	Continued From pa	age 295	{D 611}			
	glucometerOn 12/05/24, at 7:3 documentation of a that was not record glucometerOn 12/06/24, at 7:3 documentation of a that was not record glucometerOn 12/06/24, at 11 documentation of a that was not record glucometerOn 12/06/24, at 11 documentation of a that was not record glucometerThere were 8 blook Resident #1's glucometerThere were 8 blook Resident #1's glucometer. 412/06/24 that were eMAR; the blood surface 487, 500, 304, 426, -On 08/17/24, there 546 at 10:35am and #1's glucometerOn 08/17/24, there 413 at 2:01pm and #1's glucometer. Based on observation reviews, it was determine the telephocare provider (PCP) Refer to the interview on 12/12/24 at 2:41	a blood sugar reading of 400 led in Resident #1's  30am, there was a blood sugar reading of 389 led in Resident #1's  :30pm, there was a blood sugar reading of 395 led in Resident #1's  d sugar readings recorded in pometer from 12/02/24 to not documented on the lugar readings were 546, 413 led, 587, and 472. In was a blood sugar reading of 284 at 10:36am on Resident was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading of 460 at 2:02pm on Resident was not be was a blood sugar reading o	of nt of			

Refer to the interview with the Supervisor on Division of Health Service Regulation STATE FORM

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S	SUPPLIER/CLIA FION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL0730	010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
MADIE	UEIQUEO AQQIQEED I	N/IN/O	2065 CHU	JB LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED I	LIVING	ROXBOR	O, NC 27573	}		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 611}	Continued From pa	ge 296		{D 611}			
	12/12/24 at 3:52pm						
	Refer to the intervie 12/16/24 at 5:03pm		ector on				
	Refer to the intervie 12/17/24 at 10:33ar		ministrator on				
	2. Review of Reside 11/06/23 revealed of mellitus type 2.						
	Review of Resident orders dated 03/06/ order for blood suga bedtime.	/24 revealed th	nere was an				
	Observation of Res on 12/10/24 at 11:4 zippered bag with n glucometer labeled the back of the glucometer	5 revealed the o name that co with Resident	re was a black ontained a				
	Review of Resident history revealed the glucometer was 07	current date i	n the				
	Review of Resident electronic administr (eMAR) compared history from 11/18/2 -There was an entry before meals and a time of 7:30am, 11: -There was docume sugar was checked and bedtime from 1 -On 11/18/24, at 4:3 documentation of a that was not record	ration medication Resident #3 24 to 11/30/24 by for blood sugate bedtime with 30am, 4:30pm entation Resident and recorded 1/18/24 to 11/3 30pm, there was blood sugar resident recorded the sugar resident recorded the sugar resident reside	on record I's glucometer revealed: gar checks a scheduled a, and 7:30pm. ent #3's blood before meals 30/24. as eading of 236				

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ווטופועום	of Health Service Re	eguiation	1		т	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		1101.072040	B. WING			
		HAL073010	B. W(0		12/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	STATE, ZIP CODE		
		2065 CH	JB LAKE RO	AD		
MAPLE	HEIGHTS ASSISTED I	IVING	O, NC 27573			
			1			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
PREFIX TAG	`	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE
17.0		,		DEFICIENCY)		
{D 611}	Continued From pa	ige 297	{D 611}			
	glucometer.					
	-On 11/18/24, at 11	:30am there was				
		blood sugar reading of 193				
	that was not record	led in Resident #3 s				
	glucometer	20 #				
	-On 11/18/24, at 7:3					
		blood sugar reading of 103				
	that was not record	led in Resident #3's				
	glucometer.					
	-On 11/22/24, at 4:3					
		blood sugar reading of 194				
	that was not record					
		ood sugar reading of 194 was				
	on another resident					
	-On 11/28/24 at 7:3					
	documentation of a	blood sugar reading of 155				
	that was not record	led in Resident #3's				
	glucometer.					
	-On 11/29/24 at 7:3	0am, there was				
	documentation of a	blood sugar reading of 118				
	that was not record	led in Resident #3's				
	glucometer.					
	-On 11/29/24 at 11:	30am, there was				
		blood sugar reading of 119				
	that was not record					
	glucometer.					
	, •	I sugar reading recorded in				
		ometer from 11/18/24 to				
		not documented on the eMAR;				
	the blood sugar rea					
		e was a blood sugar reading of				
		189 at 2:44am on Resident				
	#3's glucometer.	100 at 2.77am on Nesident				
		e was a blood sugar reading of				
		221 at 6:08am on Resident				
		ZZ i at 0.00aiii Oli Residefit				
	#3's glucometer.					
	Daview of Desident	4 #21a Daggarahar 2004 - 1445				
		t #3's December 2024 eMAR				
		ent #3's glucometer history				
	from 12/01/24 to 12	2/U9/24 revealed:				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		1141 070040			F	
		HAL073010	B. WINO		12/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED L	IVING	IB LAKE RO. O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
{D 611}	Continued From paragraph of There was an entry before meals and a time of 7:30am, 11:  -There was docume sugar was checked and bedtime from 1.  -On 12/07/24, at 4:3 documentation of a that was not record glucometer.  -On 12/08/24, at 7:3 documentation of a was not recorded in -On 12/08/24, at 4:3 documentation of a that was not record glucometer.  -There was one blo #3's glucometer frow was not documented sugar reading was -On 07/13/24, there 92 at 3:21am and 6 glucometer.  Interview with Residucometer.  Interview with Residucometers with Residucometer.  Interview with Residucometer with Residucometer.	ge 298  y for blood sugar checks t bedtime with a scheduled 30am, 4:30pm, and 7:30pm. entation Resident #3's blood and recorded before meals 2/01/24 to 12/09/24. 30pm, there was blood sugar reading of 149 ed in Resident #3's  30am, there was blood sugar reading of 89 that a Resident #3's glucometer. 30am, there was blood sugar reading of 128 ed in Resident #3's  od sugar readings in Resident m 12/01/24 to 12/09/24 that ed in the eMAR; the blood	{D 611}			
	care provider (PCP	on 12/11/24 at 5:30pm. w with a MA on 12/12/24 at				
	•	ew with a second MA on				

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12/13/24 at 8:08am.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		HAL073010	B. WING			R <b>17/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
MAPLE	HEIGHTS ASSISTED I	IVING 2065 C	HUB LAKE ROA	AD		
	TIEIGITTO AGGIGTED I	ROXB	ORO, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 611}	Continued From pa	ge 299	{D 611}			
	Refer to the intervience 3:52pm.	ew Supervisor on 12/12/24 a	t			
	Refer to the interview with the Director on 12/16/24 at 5:03pm.					
	Refer to the intervie 12/17/24 at 10:33ar	ew with the Administrator on m.				
	<ul> <li>3. Review of Resident #5's current FL-2 dated 09/21/24 revealed: -Diagnosis included diabetes mellitus typeThere was an order to check blood sugar three times daily before meals and at bedtime.</li> <li>Observation of Resident #5's Brand A glucometer on 12/10/24 at 11:45 revealed there was a black zippered bag with no name that contained a glucometer with Resident #5's name on the back of the glucometer.</li> </ul>		•			
			ζ			
	Review of Resident history revealed the glucometer was 06					
	electronic administr (eMAR) compared history from 11/18/2 -There was an entri- before meals and a time of 7:30am, 11: -There was docume sugar readings wer 11/18/24 to 11/30/2 -On 11/19/24 at 7:3	0pm, there was blood sugar reading of 199				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER ON SUPPLIER  MALOT3010  STREET ADDRESS, CITY, STATE, ZIP CODE  R 12/17/2024   MAPLE HEIGHTS ASSISTED LIVING  (EACH DEFICIENCY)  (EACH DEFICIENCY)  (EACH DEFICIENCY)  (EACH DEFICIENCY)  (EACH DEFICIENCY)  (D 611)  Continued From page 300  -On 11/28/24 at 7:30pm, there was documentation of a blood sugar reading of 199 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -There were 3 blood sugar readings recorded in Resident #5's glucometer.  -There were 3 blood sugar readings recorded in Resident #5's glucometer.  -There were 3 blood sugar readings were 337, 243, and 219.  -On 06/05/24, there was a blood sugar reading of 837 at 11:14pm and 243 at 11:15pm on Resident #5's	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SLIBVEV	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  2065 CHUB LAKE ROAD ROXBORO, NC 27573  [X4] ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  [ACAPT DEFICIENCY]  [ACAPT DEF	\		, ,		(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE				, DOILDING.				
MAPLE HEIGHTS ASSISTED LIVING  MAPLE HEIGHTS ASSISTED LIVING  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 611)  Continued From page 300  -On 11/24/24, at 7:30am, there was documentation of a blood sugar reading of 199 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -There were 3 blood sugar readings recorded in Resident #5's glucometer.  -There were 3 blood sugar readings recorded in Resident #5's glucometer from 11/18/24 to 11/30/24, that were not documented on the eMAR; the blood sugar readings were 337, 243, and 219.  -On 06/05/24, there was a blood sugar reading of		HAL073010		B. WING				
MAPLE HEIGHTS ASSISTED LIVING  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  (D 611)  Continued From page 300  -On 11/24/24, at 7:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -There were 3 blood sugar readings recorded in Resident #5's glucometer from 11/18/24 to 11/30/24, that were not documented on the eMAR; the blood sugar readings were 337, 243, and 219.  -On 06/05/24, there was a blood sugar reading of								
(X4) ID PREFIX (EACH DEFICIENCY WIST BE PRECEDED BY FULL TAG (EACH DEFICIENCY)  (B 611) Continued From page 300  -On 11/24/24, at 7:30am, there was documentation of a blood sugar reading of 199 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -There were 3 blood sugar readings recorded in Resident #5's glucometer from 11/18/24 to 11/30/24, that were not documented on the eMAR; the blood sugar readings were 337, 243, and 219.  -On 06/05/24, there was a blood sugar reading of	NAME OF PROVID	ER OR SUPPLIER						
(X4) ID PREFIX TAG    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG	MAPLE HEIGH	TS ASSISTED L	IVING					
PREFIX TAG   (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   PREFIX TAG   CROSS-REFERENCE DT THE APPROPRIATE DATE								
-On 11/24/24, at 7:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometerOn 11/28/24 at 7:30pm, there was documentation of a blood sugar reading of 199 that was not recorded in Resident #5's glucometerOn 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometerOn 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometerThere were 3 blood sugar readings recorded in Resident #5's glucometerThere were 3 blood sugar readings recorded in Resident #5's glucometer from 11/18/24 to 11/30/24, that were not documented on the eMAR; the blood sugar readings were 337, 243, and 219On 06/05/24, there was a blood sugar reading of	PRÉFIX (	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE	
documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -On 11/28/24 at 7:30pm, there was documentation of a blood sugar reading of 199 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 7:30am, there was documentation of a blood sugar reading of 127 that was not recorded in Resident #5's glucometer.  -On 11/29/24 at 11:30am, there was documentation of a blood sugar reading of 104 that was not recorded in Resident #5's glucometer.  -There were 3 blood sugar readings recorded in Resident #5's glucometer.  -There were 3 blood sugar readings recorded in Resident #5's glucometer from 11/18/24 to 11/30/24, that were not documented on the eMAR; the blood sugar readings were 337, 243, and 219.  -On 06/05/24, there was a blood sugar reading of	{D 611} Cont	inued From pa	ge 300	{D 611}				
#5's glucometerOn 06/09/24, there was a blood sugar reading of 219 at 3:30pm and 135 at 3:31pm on Resident #5's glucometer.  Review of Resident #5's December 2024 eMAR compared to Resident #5's glucometer history from 12/01/24 to 12/09/24 revealed: -There was an entry for blood sugar checks before meals and at bedtime with a scheduled time of 7:30am, 11:30am, 4:30pm, and 7:30pmThere was documentation Resident #5's blood sugar was checked and recorded before meals and bedtime on 12/01/24 and from 12/03/25 to 12/09/24; and on 12/02/24 at 7:30am, 4:30pm, and 7:30pm.	-On docu that we gluco -The Resident 11/30 eMAI and 2 -On 0 337 a #5's e -On 0 219 a #5's e Revie competition -The before time -The sugal and the 12/09 and the 12/09 and the 12/09 and the sugal and the su	11/24/24, at 7:3 imentation of a was not record ometer. 11/28/24 at 7:3 imentation of a was not record ometer. 11/29/24 at 7:3 imentation of a was not record ometer. 11/29/24 at 11:1/29/24 at 11:1/29/24, there at 11:1/29/24, there at 11:1/29/24, there at 11:1/29/24, there at 3:30pm and glucometer.  ew of Resident pared to Reside 12/01/24 to 12/24 are was an entry re was an entry re was an entry re was document was checked bedtime on 12/9/24; and on 12/9/24;	Oam, there was blood sugar reading of 104 ed in Resident #5's  Opm, there was blood sugar reading of 199 ed in Resident #5's  Oam, there was blood sugar reading of 127 ed in Resident #5's  Oam, there was blood sugar reading of 127 ed in Resident #5's  Oam, there was blood sugar reading of 104 ed in Resident #5's  If sugar readings recorded in meter from 11/18/24 to not documented on the gar readings were 337, 243,  If was a blood sugar reading of 1243 at 11:15pm on Resident  Was a blood sugar reading of 135 at 3:31pm on Resident  #5's December 2024 eMAR ent #5's glucometer history  //09/24 revealed: // for blood sugar checks // bedtime with a scheduled // oam, 4:30pm, and 7:30pm. // entation Resident #5's blood // and recorded before meals // o1/24 and from 12/03/25 to	{D 611}				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 301 of 308

DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	HAL073010		B. WING		F 12/1	₹ 7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW WILL OF	NOVIDER OR GOLF EIER		B LAKE RO			
MAPLE I	HEIGHTS ASSISTED L	IVING	O, NC 27573			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
{D 611}	Continued From pa	ge 301	{D 611}			
	was recorded not in On 12/07/24 at 4:3 documentation of a that was not record glucometer. On 12/07/24 at 7:3 of a blood sugar recorded in Resider There were 5 blook Resident #5's glucometer. There were 5 blook Resident #5's glucometer at 12/09/24 that were eMAR; the blood sugar was documented or On 06/20/24, there 303 at 11:10pm and #5's glucometer. On 06/22/24, there 116 at 12:36pm and #5's glucometer. On 06/23/24, there 219 at 4:55pm and #5's glucometer. Interview with Resident 1:30am revealed: Her blood sugar was tanding by the mershe did not know was tanding the did not know was tanding the did not know was tanding the did not kno	blood sugar reading of 199 ed in Resident #5's  Opm there was documentation ading of 192 that was not in #5's glucometer. It disconting the sugar readings recorded in ometer from 12/01/24 to not documented on the ugar readings were 303, 85, in elebood sugar reading of 194 in two other residents eMARs. It was a blood sugar reading of 142 at 11:12pm on Resident in was a blood sugar reading of 148 at 12:38pm on Resident in was a blood sugar reading of 185 at 12:38pm on Resident in was a blood sugar reading of 185 at 4:56pm on Resident in the hallway. It was checked four times a day, was checked in her room or dication cart in the hallway. Which glucometer was used to gar.  One interview with the primary on 12/11/24 at 5:30pm.				
	on 12/12/24 at 2:41	pm.				

Refer to the interview with a second MA on

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED				
		HAL073010	B. WING			R <b>17/2024</b>			
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE ZIP CODE					
	2065 CHUB I AKE ROAD								
MAPLE	HEIGHTS ASSISTED L	LIVING	RO, NC 27573						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE			
{D 611}	Continued From pa	ge 302	{D 611}						
	12/13/24 at 8:08am								
	Refer to the intervie 3:52pm.	ew Supervisor on 12/12/24 at							
	Refer to the intervie 12/16/24 at 5:03pm	ew with the Director on .							
	Refer to the intervie 12/17/24 at 10:33ar	w with the Administrator on n.							
	05/17/24 revealed: -Diagnosis included -There was an orde	ent 6's current FL-2 dated I diabetes mellitus. er to check blood sugars three meals and at bedtime.							
	Observation of Resident #6's Brand A glucometer on 12/10/24 at 11:45 revealed there was a black zippered bag with no name that contained a glucometer with Resident #6's name on the back of the glucometer.								
	Review of Resident history revealed the glucometer was 08/								
	electronic administr (eMAR) compared thistory from 11/18/2 -There was an entry before meals and a time of 7:30am, 11: -There was docume sugar readings were 11/21/24 at 4:30pm -There were except 11/18/24 at 11:30am	#6's November 2024 ation medication record to Resident #6's glucometer 24 to 11/30/24 revealed: y for blood sugar checks t bedtime with a scheduled 30am, 4:30pm, and 7:30pm. entation Resident #6's blood e checked and recorded from to 11/30/24 at 7:30pm. ions documented from n to 11/21/24 at 11:30am; the resident was out of the facility.							

DIVISION	Division of Health Service Regulation										
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		ER:	A. BUILDING:		COMPLETED						
				P. WINC		R					
	HAL073010 B. W		B. WING		12/1	7/2024					
NAME OF I	PROVIDER OR SUPPLIER	Sī	FREET ADI	DRESS, CITY, S	STATE, ZIP CODE						
MAPI E HEIGHTS ASSISTED LIVING			065 CHU	B LAKE RO	AD						
MAPLE	HEIGHTS ASSISTED I	LIVING R	OXBOR	O, NC 27573	}						
	011111111111111111111111111111111111111										
(X4) ID		ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTI		(X5) COMPLETE				
PREFIX TAG		Y MUST BE PRECEDED BY FUL .SC IDENTIFYING INFORMATIO		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		DATE				
IAG	TREGOE TOTAL OTTE		11)	IAG	DEFICIENCY)						
					, , , , , , , , , , , , , , , , , , ,						
{D 611}	Continued From pa	age 303		{D 611}							
,	•										
	-On 11/24/24, at 7:	30am, there was									
	documentation of a	a blood sugar reading of	116								
	that was not record	led in Resident #6's									
	glucometer.										
	-On 11/25/24, at 7:3	30am there was									
		blood sugar reading of	110								
			112								
		led in Resident #6's									
	glucometer.										
	-On 11/28/24 at 7:3										
	documentation of a	a blood sugar reading of	199								
	that was not record	led in Resident #6's									
	glucometer.										
	-On 11/29/24 at 7:3	Mam there was									
		blood sugar reading of	120								
			129								
		led in Resident #6's									
	glucometer.										
	-On 11/29/24 at 11:										
	documentation of a	a blood sugar reading of	106								
	that was not record	led in Resident #6's									
	glucometer.										
	, 0	d sugar readings record	led on								
		ometer from 11/18/24 to									
		sident #6 was out of the									
		ot on the eMAR; the blo									
		re 210, 123, 193, and 10	3; and								
		ings in Resident #6's									
		1/21/24 to 11/30/24 that									
	not documented on	the eMAR; the blood s	ugar								
		, 216, 91, and 301; the b									
		94 was documented on t									
	other residents eM										
		e was a blood sugar rea	ding of								
	1	•	_								
		187 at 6:15pm on Resid	uenl								
	#6's glucometer.										
		e was a blood sugar rea									
		194 at 5:34pm on Resid	dent								
	#6's glucometer.	·									
		e was a blood sugar rea	dina of								
		d 174 at 12:21pm on Re									
	#6's glucometer.	a at iz.z ipili oli itt	, 5, GOIIL								
	mos giucometer.										

	of Health Service Re		1		т	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					R	
		HAI 072040	B. WING			
		HAL073010	D. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STRFFT AD	DRESS, CITY S	STATE, ZIP CODE		
			JB LAKE RO	•		
MAPLE I	HEIGHTS ASSISTED I	IVING				
		RUXBUR	O, NC 27573	3		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				22. 18.2118.17		
{D 611}	Continued From pa	ge 304	{D 611}			
(=)	oonanaoa i rom pa	ge 55 .	(=,			
	Review of Resident	#6's December 2024 eMAR				
	compared to Resid	ent #6's glucometer history				
	from 12/01/24 to 12					
		y for blood sugar checks				
		t bedtime with a scheduled				
		30am, 4:30pm, and 7:30pm.				
		entation Resident #6's blood				
		and recorded before meals				
		2/01/24 to 12/09/24.				
	-On 12/06/24 at 8:0					
		blood sugar reading of 85 that				
		Resident #6's glucometer;				
		ding of 85 was on another				
	resident's glucomet					
	-On 12/07/24 at 11:	30am, there was				
	documentation of a	blood sugar reading of 127				
	that was not record					
	glucometer.					
	-On 12/07/24 at 4:3	Opm. there was				
		blood sugar reading of 139				
		ed recorded in Resident #6's				
	glucometer.	ca recorded in recordent 700				
		d sugar readings recorded in				
		ometer from 12/01/24 to				
		not documented on the				
		ıgar readings were 342, 159,				
	and 55.					
		was a blood sugar reading of				
		03 at 6:37pm on Resident				
	#6's glucometer.					
		was a blood sugar reading of				
		133 at 7:17pm on Resident				
	#6's glucometer.					
	_					
	Interview with Resid	dent #6 on 12/10/24 at				
	11:41am revealed:	· · · · · · · · · · · · · · · · · · ·				
		as checked four times a day by				
	the staff.	as shooked loar arrios a day by				
		his own alucometer that the				
	-i ie tilougni ne nad	his own glucometer that the				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 305 of 308

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		HAL07301	10	B. WING			R <b>17/2024</b>
	PROVIDER OR SUPPLIER	LIVING	2065 CHU	IB LAKE RO			
			ROXBOR	O, NC 27573	1		
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{D 611}	Continued From pa	ge 305		{D 611}			
	facility staff used whether the checked.  -His blood sugar was the hallway by the range of the hosp few days.	as checked in hi nedication cart.	is room or in				
	Refer to the telephone interview with the primary care provider (PCP) on 12/11/24 at 5:30pm.						
	Refer to the interview with a medication aide (MA) on 12/12/24 at 2:41pm.						
	Refer to the interview with a second MA on 12/13/24 at 8:08am.						
	Refer to the interview Supervisor on 12/12/24 at 3:52pm.						
	Refer to the interview with the Director on 12/16/24 at 5:03pm.						
	Refer to the interview with the Administrator on 12/17/24 at 10:33am.						
	Telephone interview 5:30pm revealed: -Each resident had glucometer; the glu-She would check to for the residents; if the blood glucose rewould not be for the	there own indiv cometer was fo he memory of the the glucometers eadings in the g	idual r single use. ne glucometer s were shared llucometer				
	Interview with a me 12/12/24 at 2:41pm -She always used to checking blood sugushe never used a different resident with the statement of the st	revealed: he resident's glu ar readings. resident's gluco	ucometer when				

Division of Health Service Regulation

STATE FORM 6899 W91Y12 If continuation sheet 306 of 308

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	DENTITION TO THE WINDOWS ETC.		A. BUILDING.			R		
		HAL	073010	B. WING		12	/17/2024	
NAME OF PROVIDER OR SU	PPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MAPLE HEIGHTS ASS	STED	LIVING		B LAKE RO O, NC 27573				
PREFIX (EACH DE	FICIENC'	Y MUST BE PF	DEFICIENCIES RECEDED BY FULL ING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
sugar reading on the reside and not share with recheck of a was not documented. She did not in a specific documented glucometer residents be spread through the same on it in a specific documented glucometer residents be spread through the spread through the same on it in a specific documented glucometer residents be spread through the spread through through the spread through the spread through the spread thr	know gs in the ent through through the Ent through through the Ent through through through the Ent through thr	why the gluber that we MAR.  Jugar reading sugar that ed.  Cond MA or their own how a bloom the glucome of the ed on differ and od.  Supervisor of the blood sugar reading the eMAR sed up".  Jugar reading the eMAR sed up".  Jugar reading the resident about single the resident ab	d sugar reading was neter and not unless the rent resident. hared between I disease could on 12/12/24 at der for blood sugar meter with their 4. dings in igar readings were R, then it sounded icometers about 3 ded not to share eents. was reinforced le use glucometers	{D 611}				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					   F	₹
		HAL073010	B. WING		12/1	7/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MAPLE I	HEIGHTS ASSISTED I	IVING	B LAKE RO			
(V4) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES	O, NC 27573	PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
{D 611}	Continued From pa	ge 307	{D 611}			
	residents because of from one person to -Each resident who sugar check had a the glucometer and -She did not know to on the black zipper on the black zipper on the pick up and not have whose glucometers of the glucometers of the could not locate -The glucometers of the could not locate -She expected the locate -Individual glucometer of the resident that it will be tween residents of the expected the locate -Individual glucometer on the could not locate -Individual glucometer on the could no	of the transfers of infection another. I had an order for a blood glucometer with their name on the black zippered bag. The resident's name were not ed bag. The should be on the black of MA would know which bag to be to open each bag to see was in the bag. The should be on the black of the the infection control policy. The should be on the black of the facility were sters. The the infection control policy. The should be on the black of the infection control policy. The should be on the black of the should be the correct correct resident.  The should be on the black of the should be t				
	residents for 4 of 4 residents at risk for diseases. This failu health, safety, and constitutes a Type I	diabetic residents, placing the blood borne pathogen re was detrimental to the welfare of the residents, and				